



DENTON COUNTY PARALEGAL ASSOCIATION
P. O. BOX 2641
DENTON, TEXAS 76202

2017-18 SUSTAINING MEMBER APPLICATION

Dues: \$35.00

Name: _____ Birthday: ____/____/XXXX

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Home Email: _____ Home Fax: _____

Employer: _____

Business Address: _____

City/State/Zip: _____ Business Phone: _____

Business Email: _____ Business Fax: _____

Where do you prefer to receive email notifications: Office or Home

Where do you prefer to receive first-class mail: Office or Home

Which committee, if any, are you interested in serving on? Membership ___ Fundraising ___
CLE ___ Newsletter ___ By-Laws ___ Social ___ Directory ___ Scholarship ___

T-shirt size: Med. Lg. XL 2XL

APPLICANT ATTESTATION

I hereby apply for sustaining membership in DCPA. I pledge to provide support for DCPA, its members, and the paralegal profession.

Applicant Signature

Date

THE DCPA ANNUAL MEMBERSHIP PERIOD IS FEBRUARY 1ST THROUGH THE END OF JANUARY THE FOLLOWING YEAR.

PLEASE MAKE CHECK PAYABLE TO DCPA FOR \$35.00 FOR MEMBERSHIP FEES, AND SEND APPLICATION TO DCPA, P. O. BOX 2641, DENTON, TEXAS 76202.