



# DENTON COUNTY PARALEGAL ASSOCIATION

P. O. Box 2641

Denton, Texas 76202

[dentoncopa@gmail.com](mailto:dentoncopa@gmail.com)

[www.dentoncountyparalegals.org](http://www.dentoncountyparalegals.org)

## **STUDENT MEMBERSHIP APPLICATION**

*Dues: \$25.00/year*

Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/XXXX

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Personal Email: \_\_\_\_\_ Home Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

What Committee would you be interested in serving on?

Membership \_\_\_\_ Fund-Raising \_\_\_\_ CLE \_\_\_\_ Marketing \_\_\_\_ Newsletter \_\_\_\_ By-Laws \_\_\_\_  
Social \_\_\_\_

If you were referred by a DCPA member please provide the member's name: \_\_\_\_\_

If you were not referred, how did you find out about us? \_\_\_\_\_

**PLEASE MAKE CHECK PAYABLE TO DCPA AND SEND APPLICATION TO:  
DCPA, P. O. BOX 2641, DENTON, TEXAS 76202.**

**EMERITUS ATTESTATION**

I hereby apply for student membership in DCPA. I hereby certify that I am currently enrolled in a accredited Texas paralegal program leading to a decree of certificate of completion. I hereby give my consent to a representative of DCPA to contact the administration of the program for verification or clarification of my qualifications for membership. I hereby state that all information contained in this application is true and correct, and I understand that if any information submitted in this application is false, it will be grounds for denial of my application.

**Student Program Verification**

Paralegal Program Name: \_\_\_\_\_

Program Director Name: \_\_\_\_\_

Program Director Phone and Email: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date