



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

## BUSINESS MEMBERSHIP APPLICATION

Dues: \$50.00

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

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

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

Home E-Mail: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_ Business Fax: \_\_\_\_\_

*The Association prefers to make contact with members through e-mail when possible.*

Where do you prefer to receive e-mail notifications: [ ] Office or [ ] Home

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

### 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

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