



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

STUDENT MEMBERSHIP APPLICATION

Dues: \$25.00

Name: _____ Birthday: ____/____/XXXX

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Home E-Mail: _____ Home Fax: _____

What Committee would you be interested in serving on? Membership __ Fund-Raising __
CLE __ Newsletter __ By-Laws __ Social __

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

APPLICANT ATTESTATION

I hereby apply for Student membership in DCPA. I hereby certify that I am currently enrolled in an accredited Texas paralegal program leading to a degree or certificate of completion. I hereby give my consent to a representative of the DCPA to contact the administrator of this program for verification or clarification of my qualification 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 Number & Email: _____

Applicant Signature

Date

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