



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

PROFESSIONAL COLLEAGUE MEMBERSHIP APPLICATION

Dues: \$40.00

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

Education:

CLA CLAS TBLS PLS Other _____

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

APPLICANT ATTESTATION

I hereby apply for Professional Colleague membership in DCPA. I hereby attest that upon application, I:

- (i) Am currently employed in the legal community, but am not employed as a paralegal or legal assistant and do not meet the requirements for Voting membership; and
- (ii) Am interested in participating in the DCPA as a Professional Colleague member and pledge to provide support for the Association, 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.