



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

**VOTING MEMBERSHIP**  
**SUPERVISING ATTORNEY VERIFICATION**

I verify that \_\_\_\_\_ is employed by me and/or my law firm, governmental agency or other entity full time as a paralegal as that term is defined by the Standards adopted by the State Bar of Texas Board of Directors.

\_\_\_\_\_  
Supervising Attorney Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Name Printed

\_\_\_\_\_  
Attorney State Bar No.

**WHEN RENEWING ONLINE, MEMBERSHIP IS NOT COMPLETED UNTIL SUPERVISING ATTORNEY VERIFICATION FORM IS RECEIVED.**

**PAY VIA ONLINE OR MAKE CHECK PAYABLE TO DCPA FOR MEMBERSHIP FEES, AND SEND COMPLETED SUPERVISING ATTORNEY VERIFICATION FORM TO DCPA, P. O. BOX 2641, DENTON, TEXAS 76202.**