



Fort Worth Paralegal Association

www.FWPA.org

Tax ID #75-1820913

APPLICATION FOR MEMBERSHIP

I am applying for the following category of membership:

_____ Voting	\$65.00	July – September (current yr.)	\$37.50
_____ Sustaining	\$60.00	July – September (current yr.)	\$35.00
_____ Associate	\$60.00	July – September (current yr.)	\$35.00
_____ Student	\$30.00		
_____ Emeritus	\$30.00		

Name: _____

Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Home Email: _____ Home Fax: _____

Employer: _____

Business Address: _____

City: _____ Zip: _____ Business Phone: _____

Business Email: _____ Business Fax: _____

Where do you prefer to receive your FWPA mail? Home: _____ Work: _____

WEBSITE AND MEMBERSHIP DIRECTORY: Your information as listed above will be posted on the FWPA website at www.fwpa.org and in the FWPA Membership Directory unless you provide the Membership Chair (see name and address below) with written instructions that you do not wish your information posted.

YOUR SPECIALTY SECTION:

_____ Family Law; _____ Litigation; _____ Technology; _____ Probate/Real Estate
_____ Criminal _____ - Other

EDUCATION:

1) If you have obtained national or state certification, please specify type and year obtained:
CLA _____ CLAS _____ TBLS _____ PLS _____ Other _____

2) What area(s) of law do you work in? _____

3) Place of paralegal education: _____
Address: _____

Dates of Enrollment: _____
Did you complete the course? If so, please attach a copy of your certificate or degree.

4) Place of undergraduate education: _____
Degree: _____ Date degree received: _____

Affidavit for Voting Membership

STATE OF TEXAS §

COUNTY OF TARRANT §

I hereby attest that I meet the requirements for membership in accordance with Section 2.1(a) of the Fort Worth Paralegal Association's Bylaws and state that I am qualified and do perform the duties and responsibilities of a legal assistant/paralegal as set forth in Section 2.2 of the Bylaws.

I further attest that:

(1) I have completed a full course of paralegal studies at the following institution _____; or,

(2) I have been employed for twelve (12) consecutive months as a legal assistant/paralegal at the following offices: _____

I hereby apply for membership in the Fort Worth Paralegal Association as a Voting Member. I have read and agree to be bound by the Bylaws of the Fort Worth Paralegal Association.

Applicant

SWORN TO AND SUBSCRIBED before me on this _____ day of _____,
20_____, to certify which witness my hand and seal of office.

Notary Public, State of Texas

Supervising Attorney Verification

I verify that _____ is employed by me and/or my law firm, governmental agency or other entity full time as a legal assistant/paralegal as that term is defined in Section 2.2 of the Bylaws of the Fort Worth Paralegal Association.

Supervising Attorney

Printed Name: _____

Declaration For Sustaining or Associate Membership

I hereby apply for membership as a _____ Sustaining or _____ Associate Member of the Fort Worth Paralegal Association. I have read the Association's Bylaws and am qualified for membership in that category. I hereby agree to be bound by the Bylaws of the Association.

Applicant

Please return: 1) your completed application; and 2) check in payment of dues to:

Second Vice President/Membership
FWPA
PO BOX 1597
FORT WORTH, TEXAS 76101

PLEASE ALLOW 30 DAYS FOR PROCESSING YOUR APPLICATION. (ALLOW 5 DAYS FOR MAILING).