

**2010 Student Membership
Renewal Form**

DALLAS AREA PARALEGAL ASSOCIATION
<http://www.dallasparalegals.org>

DAPA membership year begins January 1 and ends December 31
Federal Tax ID #75-1761575

e-mail: executivedirector@dallasparalegals.org
P.O. Box 12533
Dallas, Texas 75225-0533

Date: ____/____/____

NAME: _____

Due Date: January 31, 2010
CURRENT HOME INFORMATION:

CURRENT BUSINESS INFORMATION:

Are you working freelance? YES/NO

FIRM: _____

STREET: _____

CITY: _____

STATE/ZIP: _____

PHONE: (____) _____

E-MAIL: _____

(____) _____

Mailing Destination: Residence or Business

Will you be taking a certification exam this year? _____ If yes, which one? _____

Business Information, including e-mail address will be published in the 2010 DAPA Membership Directory unless indicated below:

Do not publish my business information, please use: _____ Home _____ Do Not Publish

If any of the information above has changed, please indicate below:

FORMER NAME: _____

FORMER BUSINESS INFORMATION:

FIRM: _____

STREET: _____

CITY: _____

PHONE: _____

FORMER HOME INFORMATION:

Are you interested in having a Mentor assigned to you? YES/NO

Are you a member of other paralegal associations? If so, please list: _____

Designation, if any: ___ CLA ___ CLAS ___ RP ___ TBLS (what specialty) _____

Employer: _____ Title: _____

Contact name and phone number for employment verification:

Address: _____

City/State/Zip: _____

Work Phone: _____ E-mail: _____

Residence: _____

City/State/Zip: _____

Home Phone: _____ E-mail: _____

Will you be taking a certification exam this year? _____ If yes, which one? _____

Are you interested in a study group? YES/NO. If Yes, for which exam(s)? _____

Are you interested in having a Mentor assigned to you? YES/NO

Are you a member of other paralegal associations? If so, please list: _____

Please check the following areas of specialty to receive informational emails:

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Animal Law | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Collin County | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Family Law | <input type="checkbox"/> Government | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Leadership/Management | <input type="checkbox"/> Litigation | <input type="checkbox"/> Medical/PI | |
| <input type="checkbox"/> North Dallas | <input type="checkbox"/> Probate | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Technology |

The following are the current DAPA committees in which student members may participate. Please check the following current DAPA committees and special interest groups to receive informational emails:

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Alliance | <input type="checkbox"/> Community Service/Pro Bono | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Newsletter | <input type="checkbox"/> NFPA | |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Programs | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Publications |

Pursuant to Section 3.4 of DAPA's Bylaws, in the past year, have you: (a) been convicted of a felony or (b) been convicted of a misdemeanor involving the unauthorized practice of law or (c) been expelled or suspended from membership in a law-related professional organization or (d) had a license or permit to practice or engage in a profession or occupation revoked or suspended? YES NO If so, please explain in detail on a separate page.

QUALIFICATIONS FOR STUDENT MEMBERSHIP

I hereby attest that I am enrolled and actively participating in an accredited baccalaureate, post-baccalaureate, or associate degree paralegal education program.

I understand that as long as I am a Student Member of DAPA, I may participate in the affairs of the Association, but shall not have the right to vote, hold any office set forth in Article IV, Section 4.1, or Article VII of the DAPA Bylaws, or serve as an officer/director, section coordinator or chairman of a committee.

I agree to be bound by the DAPA Bylaws and Code of Ethics incorporated herein. I understand any and all of the information I provide on my application may be confirmed by the Executive Director, the Director at Large, or a Student Membership Committee member. **I understand I must advise the Executive Director in writing of any change in my educational status, which may affect my membership status.**

Signature: _____ Date: ____/____/____

PAYMENT: Please enclose a check payable to DAPA for fifty dollars (\$50.00). This \$50.00 includes annual dues and \$20.00 of annual membership dues for your membership in the National Federation of Paralegal Associations, Inc.

PLEASE DIRECT YOUR COMPLETED APPLICATION, PAYMENT, COPY OF DRIVER'S LICENSE AND COMPLETED STUDENT ENROLLMENT VERIFICATION FORM TO:

Executive Director
Dallas Area Paralegal Association
P.O. Box 12533
Dallas, TX 75225-0533
executivedirector@dallasparalegals.org

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STUDENT ENROLLMENT VERIFICATION FORM

(To be completed by school personnel)

This is to verify that _____ is a student in good standing
(student's name)

in the _____ program at _____.
(name of program) (name of school)

(signature of school administrator/registrar)

Name: _____

Title: _____

Date: _____