

APPLICATION FOR CHANGE OF MEMBERSHIP STATUS
IN THE DALLAS AREA PARALEGAL ASSOCIATION

Name _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____
Place of Employment _____
Business Address _____
City _____ State _____ Zip Code _____
Office Phone _____
Check Address to be used for mailings: Home _____ Office _____

COMPLETE IF CHANGING FROM NON-VOTING TO VOTING MEMBER

Length of employment as paralegal _____
Starting date of present position _____
Place of paralegal education (if applicable) _____
Dates attended _____ Did you complete course? _____

**COMPLETE IF CHANGING FROM STUDENT TO VOTING OR NON-VOTING
PLEASE ATTACH A COPY OF YOUR CERTIFICATE or DEGREE**

I hereby request a change in status from Student to ___ Voting member or Student to
___ Nonvoting member. Reason for change: _____

Date: _____ By: _____
Member

Please send application and certificate (if applicable) to: Mariela Cawthon, Executive Director,
2100 Ross Avenue, Suite 2700, Dallas, Texas 75201, or email to
executivedirector@dallasparalegals.org

*DAPA's Bylaws require that each member advise the Membership Vice-President or the
Executive Director of any changes in the information contained in this form.*