



DALLAS AREA PARALEGAL ASSOCIATION
2018 Student Membership Renewal

DAPA membership runs January 1st to December 31st

Federal Tax ID #75-1761575

RENEWALS DUE JANUARY 31, 2018 (pursuant to DAPA's bylaws, any renewal postmarked after March 1st will require a \$10 reinstatement fee)

NAME: _____ DESIGNATION (IF ANY): _____

Home Address: _____

City, State, Zip: _____

Home Telephone: _____

Home Email: _____

Employer: _____

Work Address: _____

City, State, Zip: _____

Work Telephone: _____

Work Email: _____

Preferred Mailing Destination: _____ Residence _____ Business

Preferred E-Mail Destination: _____ Residence _____ Business

Are you Interested in receiving Job Bank emails? Yes No

If you are interested in a NFPA Registered Paralegal (RP) or Core Registered Paralegal (CRP) study group, please check which exam _____ RP _____ CRP

Preferred mailing information will be published in the online Membership Directory unless indicated otherwise: _____ Publish My Information _____ Do Not Publish

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

Please check which Specialty Sections interest you:

- Animal Law, Bankruptcy, Collin County, Corporate, Criminal Law, Family Law, Government, Intellectual Property, Leadership/Management, Litigation, Medical/PI, North Dallas, Probate, Real Estate, Technology

The following are the current DAPA committees in which student members may participate. Please check which committees you would like to be a part of, or about which you would like to receive informational emails:

- Alliance, Community Service/Pro Bono, Education, Entertainment, Newsletter, NFPA, Professional Development, Programs, Public Relations, Publications

Pursuant to Section 3.4 of DAPA's Bylaws, in the past year, have you: (a) conviction of a felony; (b) conviction of a misdemeanor involving the unauthorized practice of law ("UPL"); (c) expulsion from or suspension of membership in a law-related professional organization; (d) revocation or suspension of a license or permit to practice or engage in a profession or occupation; (e) being found by the Association to have engaged in conduct detrimental to the profession and/or the Association; or (f) violation of the Code of Ethics adopted by the Association. ___ 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 (\$55.00). This \$55.00 includes annual dues and \$25.00 of annual membership dues for your membership in the National Federation of Paralegal Associations, Inc.

You can also pay online with a credit card at <http://dallasparalegals.org/page.asp?p=Forms>

PLEASE DIRECT YOUR COMPLETED RENEWAL, PAYMENT, AND COMPLETED STUDENT ENROLLMENT VERIFICATION FORM TO:

Executive Director
Dallas Area Paralegal Association
P.O. Box 12533
Dallas, TX 75225-0533
or email it to
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: _____