



Fort Worth Paralegal Association

www.FWPA.org Tax ID #75-1820913

Application for Renewal Membership

Renewal application with dues must be received by December 1, this year to ensure continuing membership.

If your renewal application is received after December 1, this year, you must re-apply and pay a \$10.00 application fee!

I wish to reapply for the following category of membership: Dues:

_____ Voting \$55.00 _____ Sustaining \$50.00 _____ Associate \$50.00
_____ Student \$ 30.00 _____ Freelance \$55.00 _____ Emeritus \$30.00

Employer: (please print) _____

Business Address: _____

City: _____ Zip: _____ Business Phone: _____

Business Email: _____ Business Fax: _____

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

Name: (please print) _____

Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Home Email: _____ Home Fax: _____

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.

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? _____

DECLARATION

I declare that according to Section 2.1 of the Association's Bylaws I am qualified for membership in the category above. I hereby agree to be bound by the Bylaws of the Association.

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 and;

(2) I have completed **6** Continuing Education Hours during the preceding year and 2 may be self study.

Date:_____ Course Name: _____ Credit _____
Date:_____ Course Name: _____ Credit _____
Date:_____ Course Name: _____ Credit _____
Date:_____ Course Name: _____ Credit _____
Date:_____ Course Name: _____ Credit _____
Date:_____ Course Name: _____ Credit _____

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: _____

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**