

FORT WORTH PARALEGAL ASSOCIATION

www.FWPA.org

Tax ID # 75-1820913

Application For Patron Membership

Dues: \$110.00 (\$55.00 if joining during July, August or September for remainder of year)

Patron Name: (please print) _____

Contact Person: _____

Business Address: _____

City: _____, State: _____ Zip: _____ Business Phone: _____

Business Email: _____ Business Fax: _____

TYPE OF BUSINESS: _____

Comments: _____

WEBSITE AND MEMBERSHIP DIRECORY: 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.

I would also be interested in someone contacting me about advertising in the CPR.
____ Yes _____ No.

Please return:

- 1) your completed application ; and
- 2) check made payable to FWPA to:

Second Vice President Membership
FWPA
P.O. Box 1597
Fort Worth, TX 76101