



Fort Worth Paralegal Association

[www.FWPA.org](http://www.FWPA.org) Tax ID #75-1820913

## Application for Renewal Membership 2012

Renewal application with dues must be received by December 1, ***this year*** to ensure continuing membership. If your renewal application is received **after December 31, 2011**, 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

**Name:** (please print) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Home Fax: \_\_\_\_\_

**Employer:** (please print) \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Fax: \_\_\_\_\_

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

### WEBSITE AND MEMBERSHIP DIRECTORY:

Your information as listed above will be posted on the FWPA website at [www.fwpa.org](http://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? \_\_\_\_\_

3) Where are you currently attending school? \_\_\_\_\_

**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

\_\_\_\_\_  
Date

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: \_\_\_\_\_  
Date: \_\_\_\_\_



**Declaration For Associate Membership**

I hereby apply for membership as an Associate Member of the Fort Worth Paralegal Association. I have read the Association's Bylaws and am qualified for membership in that category. I hereby agree to be bound by the Bylaws of the Association.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**Declaration For Emeritus Membership**

I hereby apply for membership as an Emeritus Member of the Fort Worth Paralegal Association. I have read the Association's Bylaws and am qualified for membership in that category. I hereby agree to be bound by the Bylaws of the Association.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**Declaration For Student Membership**

I hereby apply for membership as a Student Member of the Fort Worth Paralegal Association. I have read the Association's Bylaws and am qualified for membership in that category. I hereby agree to be bound by the Bylaws of the Association.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**PLEASE ALLOW 30 DAYS FOR PROCESSING YOUR APPLICATION. (ALLOW 5 DAYS FOR MAILING).** Please return: 1) your completed application; and 2) check in payment of dues to:

**Jessica Acosta – Membership Chair  
Bob Leonard Law Group  
101 Summit Ave., Suite 300  
Fort Worth, Texas 76102**