

**STATE BAR OF TEXAS
CORPORATE COUNSEL
SECTION**



MEMBERSHIP APPLICATION FORM

(Bar Year is from June 1, 2010– May 31, 2011)

(Please Print Legibly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

Bar Number: _____ E-Mail: _____

DUES:

Attorney Dues: \$25.00

**New Lawyers (licensed 2
years or less): Dues waived**

Method of Payment:

Check

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Account Number: _____ Expiration Date: _____

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**Please return to:
State Bar of Texas
Attn: Michele Schweitzer
P.O. Box 12487
Austin, TX 78711-2487
Fax: 512-427-4102**