



**STATE BAR OF TEXAS
CRIMINAL JUSTICE
SECTION**

MEMBERSHIP APPLICATION FORM

(Bar Year is from June 1, 2019 – May 31, 2020)

(Applications submitted after March 1, 2019, entitle you to membership through May 31, 2020.)

(Please Print Legibly)

**DUES AMOUNT: \$20 for Regular Attorneys
Free for Attorneys Licensed Two Years or Less**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

Bar Number: _____ E-Mail: _____

Method of Payment:

Check **Visa** **MasterCard** **American Express**

Account Number: _____ Expiration Date: _____

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**Please return to:
State Bar of Texas
Attn: Membership Department
P.O. Box 12487, Austin, Texas 78711-2487
Fax: (512) 427-4424**

