



**STATE BAR OF TEXAS
CRIMINAL JUSTICE
SECTION**

MEMBERSHIP APPLICATION FORM

*(Bar Year is from June 1, 2020 – May 31, 2021)
(Applications submitted after March 1, 2020, entitle you to
membership through May 31, 2021.)
(Please Print Legibly)*

**DUES AMOUNT: \$30 for Regular Attorneys
Free for Attorneys Licensed Two Years or Less**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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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**