

**STATE BAR OF TEXAS
ALTERNATIVE DISPUTE RESOLUTION
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 AMOUNT: \$25.00

Method of Payment:

Check

Visa

MasterCard

Account Number: _____ Expiration Date: _____

Authorized Signature: _____

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