

LOCAL BAR ASSOCIATION UPDATE FORM

State Bar of Texas

(All local bars must fill out this update form once per year or when officers and/or addresses change. This information will be used by the public, other attorneys, and all other local bar associations)

BAR ASSOCIATION _____

Bar District _____ County _____

Is your Local Bar Association: Active Inactive Dissolved

Area served (i.e. multiple counties, cities - list all counties) _____

Specialty bar type (i.e. Hispanic, Women, etc.) _____

Is your bar association: Active _____ Inactive _____ Dissolved _____

Total Number of Members _____ Dues _____

Does your local bar have a web page address - if so what is it? _____

Executive Director/Administrator (List only if there is one) _____

Association Address _____

Association Phone _____

Association E-mail Address/Website _____

President

Bar Card # _____

Address _____

City _____ Zip _____

Phone _____ Fax Number _____

E-Mail Address: _____

Term Begins: mo/yr _____ Term Ends: mo/yr _____

President-elect (or other office)

Office _____

Bar Card # _____

Address _____

City _____ Zip _____

Phone _____ Fax Number _____

E-Mail Address: _____

Term Begins: mo/yr _____ Term Ends: mo/yr _____

Are your meetings held... (Please circle) Monthly Quarterly Varies Other:

Regular meeting day: (Please circle) MON TUE WED THUR FRI SAT SUN Varies

Week of the Month: (Please circle) 1st 2nd 3rd 4th varies

Time of Day: (Please circle) Morning Noon Evening

Approximate attendance _____ Meeting fees, if any _____

Place of meetings _____

Is your bar active in any of the following?

___ Judicial Poll ___ Call a Lawyer Project ___ Adopt-a-School ___ Mentor Program ___ Bench/Bar Conference

___ Settlement Week ___ Lawyer Referral ___ Newsletter/Magazine ___ Law Day Activities ___ Golf Tourney

Annual Fundraising Events: _____

Projects aimed at schools and school children: _____

Custom CLE and Seminars: _____

Additional officers:

Name _____
Office _____
Bar Card # _____
Address _____
City _____ Zip _____
Phone _____ Fax Number _____

Name _____
Office _____
Bar Card # _____
Address _____
City _____ Zip _____
Phone _____ Fax Number _____

Name _____
Office _____
Bar Card # _____
Address _____
City _____ Zip _____
Phone _____ Fax Number _____

Name _____
Office _____
Bar Card # _____
Address _____
City _____ Zip _____
Phone _____ Fax Number _____

Annual Events

(cont'd): _____

Other Projects

(cont'd): _____

Comments/Suggestions: _____

Would you be interested in a State Bar representative visiting your association? Yes No

Please Return To: LOCAL BAR COORDINATOR, State Bar of Texas, P.O. Box 12487, Austin, TX 78711 OR
Fax: 512-463-3201, E-Mail: hwilkerson@texasbar.com