



**STATE BAR OF TEXAS
HEALTH LAW 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:

Attorney Dues: \$20.00

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

Name: _____

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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
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