



**STATE BAR OF TEXAS  
INSURANCE 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: \$30.00**

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

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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Authorized Signature: \_\_\_\_\_

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