



**STATE BAR OF TEXAS  
WORKERS' COMPENSATION  
MEMBERSHIP APPLICATION FORM**

*(Bar Year is from June 1, 2018 – May 31, 2019)*

*(Applications submitted after April 1, 2018, entitle you to  
membership through May 31, 2019.)*

*(Please Print Legibly)*

**DUES AMOUNT: \$25.00**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Bar Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Method of Payment:**

**Check**       **Visa**       **MasterCard**       **American Express**

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

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

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