



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

*(Bar Year is from June 1, 2021 – May 31, 2022)  
(Applications submitted after March 1, 2021, entitle you  
to membership through May 31, 2022.)  
(Please Print Legibly)*

**DUES AMOUNT: \$25.00**

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

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

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

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

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

**Method of Payment:**

**Check**     **Visa**     **MasterCard**     **AMEX**     **Discover**

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

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

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

**Please return to:  
State Bar of Texas  
Membership Department  
P.O. Box 12487, Austin, Texas 78711-2487  
Fax: (512) 427- 4424  
Phone: (512) 427-1383 or (800) 204-2222 ext. 1383  
memmail@texasbar.com**