



**STATE BAR OF TEXAS
INSURANCE LAW SECTION
MEMBERSHIP APPLICATION FORM**

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

(Please Print Legibly)

DUES:

Attorney Dues: \$30.00

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

Name: _____

Company: _____

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): _____ Security Code: _____

Billing Address(w/zip): _____

Authorized Signature: _____

**Please return to:
Insurance Law Section
P.O. Box 4646, Austin, TX 78765-4646
Fax: (512) 451-2911
Email: admin@txins.org**