



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

(Bar Year is from June 1 – May 31)

(Applications submitted after March 1 entitle you to membership through May 31 the following year.)

(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: _____

Company: _____

Method of Payment:

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

Account Number: _____ Expiration Date: _____

CVV Code (3 digits on MC/VISA | 4 digits on AmEx): _____

Name on Card (please print): _____

Billing Address (inc. zip code) _____

Authorized Signature: _____

Please return to:

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