



**STATE BAR OF TEXAS
ALTERNATIVE DISPUTE
RESOLUTION SECTION
MEMBERSHIP APPLICATION FORM**
(Bar Year is from June 1, 2016 – May 31, 2017)
(Please Print Legibly)

DUES AMOUNT: \$30.00

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**