

ARLINGTON BAR ASSOCIATION
Membership Application/Annual Dues Statement

NAME: _____ TEXAS BAR NO. _____

FIRM NAME: _____

OFFICE ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

LAW SCHOOL: _____ YEAR OF GRADUATION: _____

FIELDS OF PRACTICE: _____

BOARD CERTIFICATION(S): _____

ARE YOU A MEMBER OF THE ARLINGTON YOUNG LAWYERS ASSOCIATION? _____

ARE YOU A CURRENTLY ENROLLED LAW STUDENT? _____

SIGNATURE OF APPLICANT: _____

By signing above, the applicant hereby certifies and represents applicant's compliance with the eligibility requirements of Section 2.01 of the Amended Bylaws of Arlington Bar Association, as set forth below:

Any attorney whose practice or residence is in the Arlington area, being a member in good standing of the State Bar of Texas, may become a member of this Corporation upon annual submittal of a Membership Application/Annual Dues Statement and payment of dues. "Arlington area" is defined as Arlington, Mansfield, Pantego and Dalworthington Gardens. Notwithstanding the above eligibility requirements, the Board of Directors or a majority of members can extend membership to an attorney or judge who has previously been a member and who has made a substantial contribution to the Arlington Bar Association.

"I KNOW THAT THE ARLINGTON BAR ASSOCIATION DOES NOT PROTECT THE CONFIDENTIALITY OF ANY E-MAIL ADDRESS I PROVIDE TO THE ASSOCIATION AND IT WILL BE SHARED WITH OTHERS IN THE ASSOCIATION. I AGREE THAT ANY E-MAIL ADDRESSES OF OTHER MEMBERS PROVIDED TO ME BY THE ASSOCIATION WILL NOT BE USED BY ME FOR POLITICAL OR COMMERCIAL PURPOSES OR PROVIDED TO OTHERS FOR SUCH PURPOSES WITHOUT THE PERMISSION OF THE HOLDER OF THE E-MAIL ADDRESS."

PLEASE ENCLOSE CHECK PAYABLE TO **ARLINGTON BAR ASSOCIATION:**

\$75.00 FOR FIRST-TIME MEMBERS
\$85.00 FOR RENEWAL BY MARCH 31st
\$105.00 FOR RENEWAL AFTER MARCH 31st

VOLUNTARY CONTRIBUTION: _____

PLEASE COMPLETE AND MAIL THIS PAGE AND YOUR CHECK TO:
ARLINGTON BAR ASSOCIATION
P.O. BOX 882
ARLINGTON, TEXAS 76004



FOR OFFICE USE:

CHECK NO. _____ AMOUNT _____ DATE RECEIVED _____