



THE WOODLANDS BAR ASSOCIATION

www.woodlandsbarassociation.com

MEMBERSHIP APPLICATION

Name: _____ Email: _____

Business Phone: _____ Business Fax: _____ Cell Phone: _____

Firm/Company/Organization: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Bar #: _____

Areas of Practice: _____

**Membership Dues-\$50 (No pro rations.) Membership Year-January 1 to December 31
(Join in Nov. or Dec. and have membership benefits for the remainder of that year plus the following year.)**

Please CROSS OUT any information listed below which you do NOT wish to have published to the public on the WBA website: (You may changed these choices online)

*Name Email Address Firm/Company/Organization Business Address
Business Phone # Fax # Cell Phone # Areas of Practice*

Please CROSS OUT any information listed below which you do NOT wish to have published to other WBA members on the WBA website: (You may changed these choices online)

*Name Email Address Firm/Company/Organization Business Address
Business Phone # Fax # Cell Phone # Areas of Practice*

Would you be willing to serve on the Board? _____ Yes _____ No

Would you be willing to serve on a Committee? If so, check one or more of the following:

*CLE _____ Social _____ Community Affairs _____ Membership _____
Scholarship _____ Transition to Practice _____ Public Relations _____*

Certification: "I certify that (i) I am duly licensed (whether on active or inactive status) in Texas or another U.S. jurisdiction and that I am in good standing with the authorities who govern or regulate the practice of law in the jurisdictions in which I am licensed, or (ii) I am currently serving as an active or retired judge or justice or justice of peace within the State of Texas."

Signature

Printed Name

Date

**Send completed Membership Application and \$50 to:
The Woodlands Bar Association, Inc.
P.O. Box 7117, The Woodlands, Texas 77387-7117**