



**STATE BAR OF TEXAS
FAMILY LAW SECTION**
Membership Application

Name: _____

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City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

Bar Number: _____ E-Mail: _____

Dues: \$40.00

Method of Payment:

Cash Check Credit Card

Credit Card Number _____

Expiration Date _____

Please return to:
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c/o State Bar of Texas, Family Law Section
8620 North New Braunfels, Suite 101
San Antonio, Texas 78217
E-mail: christil@idworld.net