



APPLICATION FOR MEMBERSHIP

Please enroll me. I meet the criteria for membership.

First _____ Middle _____ Last _____

Position Title: _____ Phone: (____) _____

Employer: _____

Address: _____

City/State/Zip: _____

Check the most appropriate description of your employer:

- Private Law Office
- Judicial Agency/Court
- Law Department of Non-Profit Organization
- Government Legal Agency
- Corporate Law or Patent Department
- Other (Describe) _____

- Dues Level 1: Annual Membership Dues: \$200.00 a year

Jan – March \$200 April – June \$150 July – Sept \$100 Oct – Dec \$50

(Includes monthly lunches, access to members only areas on Chapter’s website) All benefits of chapter membership at no additional cost.

- Dues Level 2: Annual Membership Dues: \$100.00 a year

You must office more than 30 miles from Bexar County Courthouse.

Jan – March \$100 April – June \$75 July – Sept \$50 Oct – Dec \$25

(Includes Managing Partner’s Luncheon, Business Partner Socials, Educational Retreat and access to members only areas on Chapter’s website) Attendance at monthly luncheons is available at the additional cost of \$25.00 per luncheon.

MEMBER PROFILE

NAME: _____

TITLE: _____

FIRM: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

NUMBER OF ATTORNEYS: _____

NUMBER OF LEGAL ASSISTANTS: _____

NUMBER OF SUPPORT STAFF: _____

FIRM PRACTICE AREAS: _____

TELEPHONE SYSTEM: _____

COPIERS: _____

WORD PROCESSING:

Equipment: _____

Software: _____

Networked: _____

DATA PROCESSING: _____

Equipment: _____

Software: _____

Year in which you joined your firm: _____

Home phone number, restricted?: _____

Married/Single: _____

Birthday (optional) Month: _____ Day: _____

Children's names and ages: _____

Outside interests/hobbies: _____
