

**2015-2016 MEMBERSHIP APPLICATION
AND PRACTICE SURVEY
Rockwall County Bar Association**

Name: _____ Bar #: _____

Email: _____

Firm: _____

Address: _____

Telephone: _____

Facsimile: _____

Website: _____

Birth Date: _____

Spouse's name: _____

	Area of Practice	Board Certified		Area of Practice	Board Certified
Bankruptcy	_____	_____	Labor &		
Civil Appellate	_____	_____	Employment	_____	_____
Civil Trial	_____	_____	Oil, Gas & Mineral	_____	_____
Criminal	_____	_____	Personal Injury	_____	_____
Estate Planning			Real Estate		
& Probate	_____	_____	Transactions	_____	_____
Family	_____	_____	Elder Law	_____	_____
Immigration			Business		
& Nationality	_____	_____	Organization	_____	_____
Juvenile	_____	_____			

Other areas of law: _____

I hereby certify that I am a member in good standing of the State Bar of Texas.

Signed Name

Date

Dues: \$60.00

Please return this application and check to:

Dues for ages 70 and over are waived.

Rockwall County Bar Association

Dues for first year licensees are \$30.00

P.O. Box 2071

Dues are \$50.00, with Bench-Bar Registration

Rockwall, TX 75087-0271