

2017 - 2018 MEMBERSHIP APPLICATION/AGREEMENT  
TCBA LAWYER REFERRAL & INFORMATION SERVICE

1315 Calhoun Street \* Fort Worth, Texas 76102-6504

817-338-4092 \* Fax 817-335-9238

www.tarrantbar.org

**NAME & ADDRESS (PLEASE PRINT)**

Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_

*(Please provide a physical address as well as mailing if different.)*

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*(Please indicate if a 1 needs to be dialed first)*

E-Mail: \_\_\_\_\_ Please: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Confirmation Reports

*(NOTE: These reports are sent as soon as the referral is made. You do not need to respond to them; they are for your use only.)*

*If you want someone other than the attorney, please note that. We can only have one email in the database, so the confirmation report will go to the email listed. If you want Status/Progress Reports sent elsewhere, indicate that here.*

**INSURANCE INFORMATION**

\_\_\_\_\_ Policy Number \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Name of Professional Liability Insurance Company: *[Please attach copy of current Declaration Sheet.]*

**PERTINENT INFORMATION**

List other states in which you are licensed to practice: \_\_\_\_\_

List Counties to which you are willing to travel and for what type cases: \_\_\_\_\_

Languages spoken by attorney \_\_\_\_\_

Languages spoken by staff: \_\_\_\_\_

**PAYMENT**

Payment of an annual fee for Members of the Tarrant County Bar Association:

\$150.00 - licensed less than one year;

\$175.00 - licensed less than three years;

\$200.00 - licensed more than three years.

Payment of an annual fee for Non-Members of the Tarrant County Bar Association:

\$295.00 - licensed less than one year;

\$320.00 - licensed less than three years;

\$400.00 - licensed more than three years.

Check # \_\_\_\_\_ Credit Card:  Visa  MC  AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip. Code \_\_\_\_\_ CVV # \_\_\_\_\_

Printed Name on CC \_\_\_\_\_

**THIS IS A CONTRACT. PLEASE READ THE TERMS OF MEMBERSHIP BEFORE SIGNING.**

I hereby swear or affirm that I have read and understand the Tarrant County Bar Association's Lawyer Referral & Information Service Membership Rules and I agree to abide by its terms as a Member of the referral service. I am a member in good standing of the State Bar of Texas.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Bar Number