

2018 - 2019 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: \_\_\_\_\_ Reports: Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(NOTE: Confirmation reports are sent as soon as the referral is made and do not require a response. Status/Progress reports do require a response. If someone other than the member attorney needs to receive the report, please indicate here:

\_\_\_\_\_ Only one contact person is permitted for the reports.

**INSURANCE INFORMATION**

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

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

**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