

2020 - 2021 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