

**FRISCO BAR ASSOCIATION**  
**MEMBERSHIP APPLICATION**

NAME: \_\_\_\_\_

FIRM/COMPANY: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

BUS. PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEND MAIL TO: home\_\_\_\_ office\_\_\_\_

DATE LICENSED IN TEXAS: \_\_\_\_\_

LAW SCHOOL ATTENDED: \_\_\_\_\_

STATE BAR NO.: \_\_\_\_\_ NUMBER OF ATTORNEYS IN FIRM: \_\_\_\_\_

AREAS OF PRACTICE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Do you desire REFERRALS: YES\_\_\_\_ NO\_\_\_\_

Membership Dues: \$100.00 per year      Return to: Frisco Bar Association

Affiliate member: \$ 75.00 per year

P. O. Box 1003

Frisco, Texas 75034

Make membership checks payable to: FRISCO BAR ASSOCIATION