

Date Received _____	Added to Email List _____
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STUDENT MEMBER APPLICATION / INVOICE

BELL COUNTY BAR ASSOCIATION

PARALEGALS

MAIL COMPLETED APPLICATION, A COPY OF YOUR CLASS SCHEDULE, AND ANNUAL STUDENT MEMBERSHIP DUES OF \$ 15.00 (PAYABLE TO BCBA PARALEGALS) TO P. O. Box 282; BELTON, TX 76513-0282.

MEMBERSHIP TERM IS JUNE 1 THROUGH MAY 31. APPLICATION IS FOR 2010 – 2011 TERM.

MEMBERSHIP REQUIREMENTS: COMPLETE AT LEAST 6 HOURS OF CLE EACH TERM (JUNE 1 THROUGH MAY 31), AND ATTEND AT LEAST ONE MEETING EACH QUARTER OF THE TERM.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NEW MEMBER [_____] RENEWING MEMBER [_____]

NAME: _____ OFFICE PHONE: _____

EMPLOYER: _____ FAX: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ HOME PHONE : _____

CITY: _____ STATE: _____ ZIP: _____

MAY WE PRINT THE ABOVE INFORMATION IN OUR MEMBERSHIP DIRECTORY? YES NO

PREFERRED MAILING ADDRESS: HOME OFFICE ARE YOU A MEMBER OF THE STATE BAR PARALEGAL DIVISION? YES NO

ARE YOU INTERESTED IN SERVING AS A COMMITTEE MEMBER? YES NO