



TEXAS ASSOCIATION OF DEFENSE COUNSEL, INC.

An Association of Personal Injury Defense, Civil Trial & Commercial Litigation Attorneys ~ Est. 1960

400 West 15th Street, Suite 420, Austin, Texas 78701 512/476/5225 Fax 512/476-5384 Email: tadc@tadc.org

Mr.
Mrs.

I Ms. _____ hereby apply for membership in the Association and certify that I am
(circle one) Please print

a member in good standing of the State Bar of Texas, engaged in private practice; that I devote a substantial amount of my professional time to the practice of Civil Trial Law, Personal Injury Defense and Commercial Litigation. I am not now a member of any plaintiff or claimant oriented association, group, or firm. I further agree to support the Texas Association of Defense Counsel's aim to promote improvements in the administration of justice, to increase the quality of service and contribution which the legal profession renders to the community, state and nation, and to maintain the TADC's commitment to the goal of racial and ethnic diversity in its membership.

Preferred Name (if Different from above): _____

Firm: _____

Office Address: _____ City: _____ Zip: _____

Main Office Phone: _____ / _____ Direct Dial: _____ / _____ Office Fax: _____ / _____

Email Address: _____ Cell Phone: _____ / _____

Home Address: _____ City: _____ Zip: _____

Spouse Name: _____ Home Phone: _____ / _____

Bar Card No.: _____ Year Licensed: _____ Birth Date: _____ DRI Member?

Dues Categories:

*If joining November – July:	\$185.00 Licensed less than five years (from date of license)	\$295.00 Licensed five years or more
If joining August:	\$ 50.00 Licensed less than five years (from date of license)	\$100.00 Licensed five years or more
If joining September:	\$ 35.00 Licensed less than five years (from date of license)	\$ 50.00 Licensed five years or more
If joining October:	\$ 25.00 Licensed less than five years (from date of license)	\$ 35.00 Licensed five years or more

*If joining in November or December, your Membership Dues will be considered paid for the following year. However, New Members joining after October 1 will not have their names printed in the following year's roster because of printing deadlines.

Applicant's signature: _____ Date: _____

Signature of Applicant's Sponsor:

(TADC member) Please type name under signature

I agree to abide by the Bylaws of the Association and attach hereto my check for \$ _____ **-OR-**

Please charge \$ _____ to my Visa MasterCard American Express

Card #: _____ Exp. Date: _____ / _____

Please return this application with payment to:
Texas Association of Defense Counsel, Inc.
400 West 15th Street, Suite 420
Austin, Texas 78701

Referring TADC Member: _____
(print name)

For Office Use

Date: _____

Check # and type: _____

Approved: _____