



TEXAS ASSOCIATION OF DEFENSE COUNSEL

An Association of Civil Trial, Commercial Litigation & Personal Injury Defense 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, Commercial Litigation and Personal Injury Defense and do not regularly and consistently represent plaintiffs in personal injury cases. 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: _____ / _____

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 in October, November or December, you will pay full dues and your Membership Dues will be considered paid for the following year. However, New Members joining after October 15 will not have their names printed in the following year's TADC Roster because of printing deadlines.

Applicant's signature: _____ Date: _____

Signature & Printed Name of Applicant's Sponsor:

(TADC member) Please print 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
400 West 15th Street, Suite 420
Austin, Texas 78701

For Office Use

Date: _____

Check # and type: _____

Approved: _____