



TEXAS ASSOCIATION OF DEFENSE COUNSEL

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

P.O. Box 92468, Austin, Texas 78709

PH: 512/476/5225 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?

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*If joining October – November \$185.00 Licensed less than five years (from date of license) \$295.00 Licensed five years or more

*If joining in November or December, you will pay full Dues and your your Membership will be considered paid for the following year.

Applicant's signature: _____ Date: _____

Signature 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
P.O. Box 92468
Austin, Texas 78709

Referring TADC Member:

(print name)

For Office Use

Date: _____

Check # and type: _____

Approved: _____