



Dallas LGBT Bar Association 2017 Membership Form

You do not need to be a member of the Dallas Bar Association to be a member of the Dallas LGBT Bar.

Name: _____ Firm/Organization: _____

E-mail: _____ Website: _____

Telephone: _____ Fax: _____

Mailing Address: _____

Membership Levels:

- \$35 Attorney or other non-attorney professional
- \$25 Judge, Court Staff, Government Employee, or non-profit employee
- \$20 Law student, non-licensed attorney, and paraprofessionals

I would like for my information to be published on www.dglba.lgbt, www.dglba.org, and www.dglba.com under the practice areas selected below. **Please add \$10 to your dues for each practice area** you would like to be listed under on the website. Please check, X, or make other visible markings for the preferred areas you wish to be listed:

- Appellate Law
- Auto/Car Crash
- Bankruptcy
- Collaborative Law
- Corporate Law
- Criminal Defense
- Disability
- Estate Planning
- Entertainment Law
- Family Law
- Immigration
- Intellectual Property
- Labor and Employment
- LGBT Civil Litigation
- Litigation
- Media & Internet Law
- Medical Malpractice
- Other – Non-Attorney
- Patent, Trademark, and Copyright Law
- Personal Injury
- Probate
- Real Estate
- Slip and Falls

I would like to help with or learn more about:

- Presenting a CLE program.
- Hosting a networking and/or social event.

Please make checks payable to the Dallas LGBT Bar Association and mail to:
12895 Josey Lane, No. 124-135, Farmers Branch, Texas 75234

If you are paying with a credit card, you may return your completed form via email contact@DallasLGBTBar.lgbt.

<p>PAYMENT METHOD:</p> <p>Amex <input type="checkbox"/></p> <p>Visa <input type="checkbox"/></p> <p>MasterCard <input type="checkbox"/></p> <p>Discover <input type="checkbox"/></p> <p>Check <input type="checkbox"/></p> <p>Amount Paid: \$ _____</p>	<p>Card Number: _____ - _____ - _____ - _____</p> <p>Expires: _____ CVV: _____</p> <p>Billing Address if different from above: _____</p> <p>_____</p> <p>Signature _____ Cardholder Name (please print) _____</p> <p>Date _____</p>
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