

Garland Bar Association  
APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

BUSINESS ADDRESS:

Firm/Business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

RESIDENTIAL ADDRESS:

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phones Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email address:

Main: \_\_\_\_\_

Secondary: \_\_\_\_\_

State Bar No: \_\_\_\_\_

Date of License: \_\_\_\_\_

I, the undersigned, hereby that I am a lawyer duly licensed by the State of Texas and I hereby request that I be made a full member of the Garland Bar Association.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Once Complete, mail to Garland Bar Association, P. O. Box 472352, Garland, Texas 75047-2352, or Fax to 972-692-7478; or email to [ray@lawyerbrooks.com](mailto:ray@lawyerbrooks.com).