

**MEXICAN AMERICAN BAR ASSOCIATION OF SAN ANTONIO**

P.O. BOX 830953  
SAN ANTONIO, TEXAS 78283

**APPLICATION FOR MEMBERSHIP**

Name: Mr.  Ms.  \_\_\_\_\_

Birth Month: \_\_\_\_\_

Primary Area of Practice: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Law School Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

State Bar Number: \_\_\_\_\_ Year Licensed: \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

Alternate Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Membership Status: New  Renewal

- Membership Category:
- \$ 5.00 Student/ Associate Member
  - Adopt a Law Student Membership
  - \$20 Friend of MABA-SA (Non-Lawyer)
  - \$12 Attorney Licensed Up to 1 year
  - \$30 Attorney Licensed 1-5 years
  - \$60 Attorney Licensed 5+ years

**Are you interested in serving on a committee?** If so, which one(s)? Check all that apply.

- |                                     |                                     |  |  |
|-------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> By-laws    | <input type="checkbox"/> CLE        | <input type="checkbox"/> Finance       | <input type="checkbox"/> Golf Tournament |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Mentor Day | <input type="checkbox"/> Muertos Party | <input type="checkbox"/> Newsletter      |
| <input type="checkbox"/> Pachanga   | <input type="checkbox"/> Raffle     | <input type="checkbox"/> Scholarship   | <input type="checkbox"/> Website         |

**How would you like to receive your MABA-SA Newsletter and other communications?**

- Personal e-mail  Business E-mail  Fax

I am including an additional tax-deductible contribution in the amount of \$ \_\_\_\_\_ toward the scholarship fund.

**Please return your membership application with payment to the address listed at the top**

For MABA Treasurer's use:

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

Check Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_