

TABC NEW MEMBER APPLICATION



Application Procedure

1. Determine Membership Dues

- \$175 Regular
 - \$150 Special*
- *regulatory agency attorneys*

2. Return completed application and submit dues.

Send application form and check payment to:
Texas Association of Bank Counsel
P.O. Box 1841
Austin, TX 78767-1841

OR

Email application to amy@texasbankers.com and a secure credit card payment link will be sent to you.

Questions? Call Amy Fuller at (512) 472-8388, ext. 4236

Name Mr. Ms. _____ Nickname _____

Title _____ Company _____

Street Address Preferred Mailing _____ City _____ State _____ Zip Code _____

Other Address Preferred Mailing _____ City _____ State _____ Zip Code _____

Business Number _____ Fax Number _____ E-Mail Address _____

Website _____

No. of years in practice: (Check One) < 5 5-10 11-25 > 25

Practice Area within banking industry:

<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Collections	<input type="checkbox"/> Commercial Lending & Real Estate
<input type="checkbox"/> Corporate Law	<input type="checkbox"/> Creditor Rights	<input type="checkbox"/> Energy
<input type="checkbox"/> Foreclosure	<input type="checkbox"/> General Banking	<input type="checkbox"/> General/In-House Counsel
<input type="checkbox"/> Lending/Loan Documentation	<input type="checkbox"/> Litigation	<input type="checkbox"/> Mergers & Acquisitions
<input type="checkbox"/> Mortgage/Mortgage Lending & Documentation	<input type="checkbox"/> Outside Counsel	
<input type="checkbox"/> Probate & Trust	<input type="checkbox"/> Real Estate & Real Estate Lending	
<input type="checkbox"/> Regulatory/Compliance	<input type="checkbox"/> Workouts	<input type="checkbox"/> Other _____

Population Of Community: (Check One) < 50K 50K-100K 100K-250K 250K-750K 750K+

Practice Type: (Check One) Private Practice In-House Counsel Regulatory Agency Other _____

DISCLOSURE

The information you provide is shared with the Texas Bankers Association and is also provided on the internet via TABC Membership Online Directory. If you do not wish to have your information provided on the internet please check the statement below.

No, I do not want my name, address, phone, fax and email address in the TABC Membership Online Directory.

MEMBERSHIP ELIGIBILITY CERTIFICATION

I, the undersigned, hereby certify that I am a licensed attorney in good standing and/or I meet the qualifications for membership described in the TABC Bylaws. (For more information go to www.texasbankers.com and click on TABC membership Eligibility Guidelines.) I manifest a genuine interest in, or sympathy with, the purposes of the Association as expressed in the Articles of Incorporation of the Texas Association of Bank Counsel and restated herein on this Application.

Bar Number _____ State _____

Signature _____