

MEXICAN AMERICAN BAR ASSOCIATION
OF SAN ANTONIO
P.O. BOX 830953
SAN ANTONIO, TEXAS 78283
mabasanantonio@gmail.com



MEMBERSHIP APPLICATION

Membership Status: New Renewal

Name: _____

Primary Area of Practice: _____

Firm Name: _____

Firm Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

Preferred E-mail Address: _____

Law School Attended: _____ Year of Graduation: _____

State Bar No.: _____ Year Licensed: _____

Alternate E-mail Address: _____

Alternate Mailing Address: _____

Referred or Sponsored by (Optional): _____

- Membership Category:
- FREE Student Member (undergraduate or law school)
 - \$25.00 Non-Attorney Legal Staff at Law Firm
 - \$50.00 Attorney Licensed up to 5 years
 - \$75.00 Attorney Licensed 5+ years

**Membership period lasts January 1 - December 31 **

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

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

- Education
- Membership
- Scholarship
- Community Outreach
- Pachanga
- Dia De Los Muertos Party
- Golf Tournament