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APPLICATION FOR MEMBERSHIP

Name: _____

Residence Address: _____

Business Address: _____

Residence Telephone: _____ Business Telephone: _____ Fax: _____

Email address: _____

Firm affiliate, if any _____

1. Are you licensed to practice law and in good standing in one or more states and/or in the District of Columbia?

2. Are you admitted to practice before the U.S. District Court for the Eastern District of Texas? _____
3. Is your eastern District of Texas practice primarily civil or criminal? _____

DATE: _____ SIGNATURE: _____

Dues for Eastern District Bar Association - \$50 per year

**PLEASE RETURN WITH CHECK FOR DUES TO:
c/o Eric M. Albritton, Secretary/Treasurer
P.O. Box 2649
Longview, TX 75606**