



DALLAS BAR FOUNDATION

MEMBERSHIP ACCEPTANCE FORM

NAME: _____

HOME ADDRESS: _____

CITY _____ ST _____ ZIP _____

FIRM: _____

TYPE OF PRACTICE: PRIVATE PRACTICE _____ JUDICIAL _____ ACADEMIC _____
GOVERNMENT _____ CORPORATE _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX#: _____

E-MAIL: _____

LAW DEGREE: _____
NAME OF SCHOOL OR SCHOOLS DATE OF DEGREE OR DEGREES

DATES AND STATES ADMITTED TO PRACTICE: _____

MEMBER OF DALLAS BAR ASSOCIATION: YES _____ NO _____

LIST MEMBERSHIPS IN OTHER BAR ASSOCIATIONS: _____

PLEASE ATTACH A RESUME WHICH INCLUDES PROFESSIONAL BACKGROUND AND VOLUNTEER AND LEADERSHIP POSITIONS IN BAR ACTIVITIES AND COMMUNITY/CIVIC ACTIVITIES.

HAVE YOU EVER BEEN SANCTIONED OR ARE THERE ANY CHARGES PENDING AGAINST YOU BY ANY GRIEVANCE COMMITTEE? _____ IF YES, PLEASE EXPLAIN. _____

SIGNED: _____ DATE: _____

PLEASE RETURN THE FORM BY FEBRUARY 28, 2019 TO ENSURE THAT YOUR NAME IS INCLUDED IN THE FELLOWS LUNCHEON PROGRAM. THE LUNCHEON WILL BE HELD ON APRIL 3, 2019 AT THE BELO PAVILION. FOR ADDITIONAL INFORMATION PLEASE CALL ELIZABETH PHILIPP, DBF EXECUTIVE DIRECTOR, AT 214.220.7487.