



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
DEGREES

DATE OF DEGREE OR

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 MARCH 15, 2017 TO ENSURE THAT YOUR NAME IS INCLUDED IN THE FELLOWS LUNCHEON PROGRAM. THE LUNCHEON WILL BE HELD ON APRIL 5, 2017 AT THE BELO PAVILION. FOR ADDITIONAL INFORMATION PLEASE CALL ELIZABETH PHILIPP, DBF EXECUTIVE DIRECTOR, AT 214.220.7487.