



# TEXAS ASSOCIATION OF DEFENSE COUNSEL, INC.

An Association of Personal Injury Defense, Civil Trial & Commercial Litigation Attorneys ~ Est. 1960

400 West 15<sup>th</sup> Street, Suite 420, Austin, Texas 78701 512/476/5225 Fax 512/476-5384 Email: tadc@tadc.org

Mr.  
Mrs.

I Ms. \_\_\_\_\_ hereby apply for membership in the Association and certify that I am  
(circle one) Please print

a member in good standing of the State Bar of Texas, engaged in private practice; that I devote a substantial amount of my professional time to the handling of litigated civil cases; and that my representation in such cases is primarily other than of plaintiffs in personal injury cases. I am not now a member of the Texas Trial Lawyers Association or the Association of Trial Lawyers of America and have no intention of joining either of such organization. I further agree to support the Texas Association of Defense Counsel's aim to promote improvements in the administration of justice and to increase the quality of the service and contribution which the legal profession renders to the community, state and nation.

Preferred Name (if Different from above): \_\_\_\_\_

Firm: \_\_\_\_\_

Office Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Main Office Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Direct Dial \_\_\_\_/\_\_\_\_/\_\_\_\_ Office Fax \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Spouse name: \_\_\_\_\_ Home Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Bar Card No. \_\_\_\_\_ Year Licensed: \_\_\_\_\_ Birth date: \_\_\_\_\_  DRI Member?

### Dues Categories:

**\*If joining November – July: \$185.00 Licensed less than five years (from date of license) \$295.00 Licensed five years or more**

If joining August : \$ 50.00 Licensed less than five years (from date of license) \$100.00 Licensed five years or more

If joining September: \$ 35.00 Licensed less than five years (from date of license) \$ 50.00 Licensed five years or more

If joining October: \$ 25.00 Licensed less than five years (from date of license) \$ 35.00 Licensed five years or more

\*If joining in November or December your Membership Dues will be considered paid for the following year. However, New members joining after October 1 will not have their names printed in the following year's roster because of printing deadlines.

Application's signature \_\_\_\_\_ Date: \_\_\_\_\_

Signatures of applicant's sponsors:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
(TADC member) Please type name under signature (TADC member) Please type name under signature

I agree to abide by the Bylaws of the Association and attach hereto my check for \$ \_\_\_\_\_.

**OR**

Please charge \$ \_\_\_\_\_ to my  Visa  MasterCard  American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this application with payment to:  
**Texas Association of Defense Counsel, Inc.,**  
**400 West 15<sup>th</sup> Street, Suite 420,**  
**Austin Texas 78701.**

TADC Member who should receive recognition for application:

Print Name \_\_\_\_\_

*For Office Use*

Date: \_\_\_\_\_

Check # and type: \_\_\_\_\_

Approved: \_\_\_\_\_