

**TO BE RETURNED WITH YOUR MEMBERSHIP DUES TO:  
PA/PB, P.O. BOX 10683, MIDLAND, TX 79702  
ATTENTION: TREASURER**

**RENEWAL STATEMENT**

(Pursuant to Standing Rules, Article I, Section 4)

**ACTIVE MEMBERSHIP: \$35.00 Dues**

\_\_\_\_\_ Name (Please type or Print)

\_\_\_\_\_ I wish to renew my ACTIVE membership in PA/PB.

**ASSOCIATE MEMBERSHIP: \$25.00 DUES**

\_\_\_\_\_ Name (Please type or Print)

\_\_\_\_\_ I wish to renew my ASSOCIATE membership in PA/PB.

Please type or print the following information for purposes of verifying and updating the membership directory. Only include information you would like published in the membership directory, which is distributed to all members. **All information you provide here will be included in the membership directory, regardless of the address you designate as your mailing address.**

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I prefer items be mailed to my \_\_\_\_\_ home \_\_\_\_\_ work address.

Email address: \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

FAX number: \_\_\_\_\_

**ALL ACTIVE MEMBERS MUST COMPLETE  
“SUPERVISING ATTORNEY VERIFICATION OF EMPLOYMENT” BELOW**

**SUPERVISING ATTORNEY VERIFICATION OF EMPLOYMENT**

I hereby verify that \_\_\_\_\_ is employed under my supervision and that I remain responsible for the applicant's work product.

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

Attorney's Signature: \_\_\_\_\_

Please print name: \_\_\_\_\_

Bar Card Number: \_\_\_\_\_