



ATTORNEY MEMBERSHIP FORM

First Name: _____ Last Name: _____

Firm Name: _____

Mailing Address: _____

Work Phone: _____ Cell: _____

Email: _____

SBOT Number: _____ Year Admitted: _____

2018 Membership Dues

Our fiscal year is January 1 through December 31. Please circle the membership level below.

Attorney\$50.00

Judges and Elected Officials\$ 0.00

You may mail a check for the amount circled above, payable to
FBFB to the mailing address below:

FBFB
20501 Katy Freeway, Suite 126
Katy, Texas 77450

Or email form to FBFB@familybarfortbend.org, and pay online at
www.familybarfortbend.org/membership.