

**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 1, Section 4)

ACTIVE MEMBERSHIP: \$35.00 Dues _____

Name (please type or print)

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

ASSOCIATE MEMBERSHIP: \$20.00 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: _____