



**COLLIN COUNTY BAR ASSOCIATION  
Board of Directors  
Member Application**

**For a Two-Year Term Beginning July 1 2025**

**Applicant Information**

Name:		
SBOT#:	Other Bar#:	CCBA Member for ____ Years
Current Address:		
City:	State:	ZIP:
Phone:	Fax:	Cell:
		E-mail:

**Employment Information**

Current Employer:		
Employer Address:		How long?
City:	State:	ZIP:
Phone:	Fax:	Cell:
Position:		Pager:
		E-mail:

**Qualifications**

Practice Areas (check all that apply): <input type="checkbox"/> Corporate <input type="checkbox"/> Government <input type="checkbox"/> Judicial <input type="checkbox"/> Law School Faculty or Administration
<input type="checkbox"/> General: (list types)
<input type="checkbox"/> Civil: (list types)
<input type="checkbox"/> Criminal: <input type="checkbox"/> Prosecution <input type="checkbox"/> Defense
Other:
Will you commit to attend the Board planning meeting and the board meetings during your term? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you commit to attend at least half of the Bar Association sponsored meetings and events (excluding section meetings) during your term as a board member? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Other Volunteer Activities		
Organization Name	Your Role	Your Contribution

In the space below, describe why you want to serve as a board member

References		
Name	E-mail Address	Phone
1.		
2.		
3.		

<p><b>The Nominating Committee will not consider incomplete applications.</b>  <b>Application considered timely if received at or before 5:00 p.m. on March 16, 2025</b></p>
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RETURN COMPLETED APPLICATION TO:

[collincountybar@yahoo.com](mailto:collincountybar@yahoo.com)

I authorize the verification of the information provided on this form. I have retained a copy of this application for my records.

Signature of Applicant:

Date: