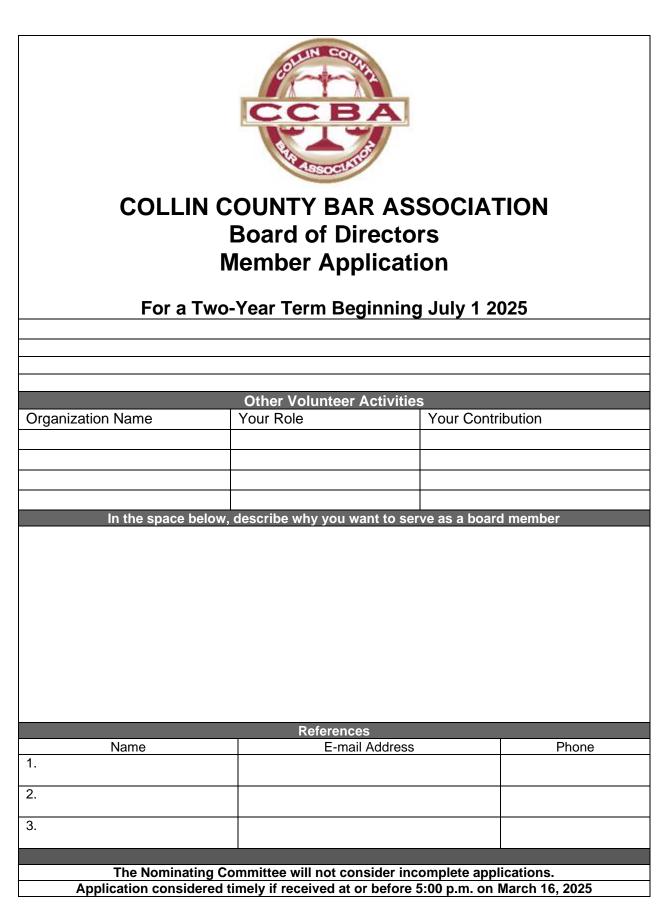
COLLIN COUNTY BAR ASSOCIATION Board of Directors Member Application							
For a Two-Year Term Beginning July 1 2025 Applicant Information							
Name:	Applie Applie	cant Informat	ion				
SBOT#:	Other	Other Bar#:		A Member for	Years		
Current Address:	Outer	Other Bai#.					
City:		State:	ZIP:				
Phone:	Fax:		Cell:				
	T GX.	E-mail:	0011.				
Employment Information							
Current Employer:							
Employer Address:				How long?			
City:	State:		ZIP:				
Phone:	Fax:	Cell:		Pager:			
Position:		E-mail:					
Qualifications							
Practice Areas (check all that apply): Corporate Government Judicial							
General: (list types)							
Civil: (list types)							
Criminal: Prosecution Defense							
Others							
Other:							
Will you commit to attend the Board planning meeting and the board meetings during your term?							
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?  Yes No							



COLLIN COUNTY BAR ASSOCIATION					
Board of Directors					
Member Application					
For a Two-Year Term Beginning July 1 2025					
RETURN COMPLETED APPLICATION TO:					
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:				