

Internal Use Only

Date _____ Member # _____

Approved _____ Check # _____

SAN ANTONIO BAR ASSOCIATION

100 DOLOROSA, SUITE 500
SAN ANTONIO, TX 78205
(210) 227-8822

APPLICATION FOR LAW STUDENT MEMBERSHIP

All fields required.

Name _____ Date of Birth _____ Male Female
First, Middle Initial, Last

Office / Firm Name (if applicable) _____

Office Address _____

City _____ State _____ Zip _____ Office Phone # _____ Fax # _____

Home Address _____

City _____ State _____ Zip _____ Home Phone # _____

Email Address _____ Spouse's Name _____

1 Membership

Law student membership applies from your membership approval date until the November following your graduation date.

MEMBERSHIP:

Law Student - L1

Law Student - L2

Law Student - L3 / L4

2 Law Student Endorsement

To be completed by an official school representative or member of career services.

School Representative _____ Job Title _____

Office Address _____

City _____ State _____ Zip _____ Office Phone # _____ Fax # _____

Law School _____ Student's Anticipated Date of Graduation _____

School Representative Signature _____

Total Amount Due \$50

Please email OR mail my receipt.
Checks payable to SABA.

Law Student Signature

Date

Please mail application
and payment to:

SABA - DUES
100 Dolorosa, Suite 500
San Antonio, TX 78205