

## **ASSOCIATE MEMBERSHIP APPLICATION**

	Memb	ership through N	May 31,	2021	
<b>DUES:</b> \$35.00					
Name:					
Address:					
City:	State	) <b>:</b>	Zip	):	
Telephone:		Facsimile:			
Email:					
not and shall not be e may not and shall not Members may not an	lected to or be elected d shall not	r serve on the Co I to or hold any o hold themselves	uncil of t fficer pos out as b	usiness of the Section and mathematic section. Associate Members ition of the Section. Associate members of the State Based to practice law in the State Bas	er: ate
Method of Payment:					
☐ Check	□Visa	☐ Master C	ard	American Express	5
Account Number: _			Ехрії	ration Date:	
Name on Card (pleas	se print): _				
Agreed and Authoriz	zation:				

Please return to: Jones Gill Porter Crawford & Crawford 6363 Woodway, Suite 1100, Houston, TX 77027

Fax: (713) 651-0716