



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

**For a One Year Term Beginning July 1 2018**

**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 retreat and the 10 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

Would you consider serving as an officer?  Yes  No, If so which positions:  
 President  Vice President  Secretary  Treasurer

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.		

**The Nominating Committee will not consider incomplete applications.  
 Application considered timely if received at or before 5:00 p.m. on March 2, 2018**

**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:
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