



2014-2015 MEMBERSHIP APPLICATION

All potential SAYLA members are urged to visit the SAYLA website, www.sayla.org/membership, to become a member. The SAYLA website is convenient, secure, and minimizes SAYLA's impact on the environment. In the event you do not wish to sign up online, please complete the following information, and please return this form to Andrew Froelich. Please include a check made payable to SAYLA in the amount indicated below.

FIRST NAME _____ MI _____ LAST NAME _____
 EMPLOYER _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 WORK COUNTY _____ RESIDENCE COUNTY _____
 PHONE NUMBER _____ FAX NUMBER _____
 E-MAIL ADDRESS _____
 TEXAS BAR NO. _____ YEAR LICENSED _____
 DATE OF BIRTH _____ LAW SCHOOL _____
 PRACTICE AREA(S) _____

COMMITTEE PREFERENCE(S) (check as many as you desire)

<input type="checkbox"/> Courthouse Tour and Judicial Reception	<input type="checkbox"/> Attorney Resources
<input type="checkbox"/> SAYLA Scramble	<input type="checkbox"/> Grants & Awards
<input type="checkbox"/> Programs/Luncheons	<input type="checkbox"/> Healthy Living
<input type="checkbox"/> Chili Cook Off & Family Fun Day	<input type="checkbox"/> Publicity/Website
<input type="checkbox"/> Family Oriented Activities	<input type="checkbox"/> Social/Membership

SEND NOTICE AND DUES TO:

Andrew C. Froelich
 SAYLA SECRETARY
 11302 Sir Winston, Suite3
 San Antonio, Texas 78216

Membership Status/Annual Dues:

<input type="checkbox"/> Standard	\$60.00
<input type="checkbox"/> Solo Practitioner / Gov't Employee	\$35.00
<input type="checkbox"/> Law School Graduate / Pending Bar Results	\$35.00
<input type="checkbox"/> Student One Year Membership	\$25.00
<input type="checkbox"/> Student Three Year Membership	\$50.00

plus SAYLF Donation* \$ _____

TOTAL DUE: \$ _____

* The San Antonio Young Lawyers Foundation (SAYLF) is the charitable arm of the San Antonio Young Lawyers Association (SAYLA). Any contributions made to SAYLF are tax deductible. Please consult your tax professional.

Payment Info: Check _____ Cash _____ Credit Card _____ (complete below)

Name on Card: _____
 Address: _____
 City: _____ State _____ Zip _____
 Card Number: _____ Exp.: _____ Amount: \$ _____
 Card Type: Visa _____ MasterCard _____ AMEX _____ Discover _____
 Signature: _____

Please contact Andrew C. Froelich at andrewfroelich@gmail.com if you have any questions. For more information on committee and volunteer opportunities, please visit our website, WWW.SAYLA.ORG.