



PAMELA L. STEWART, President
 ELENA HALACHIAN-KRITZER, Vice-President
 J. THOMAS BLACK, Treasurer

**HOUSTON ASSOCIATION OF CONSUMER
 BANKRUPTCY ATTORNEYS**

APPLICATION / RENEWAL / UPDATE

I hereby apply for membership in the Houston Association of Consumer Bankruptcy Attorneys (HACBA) for the next twelve (12) months, beginning with the date HACBA receives this completed application with the membership fee.

I understand that the basic goals of HACBA are to: (a) safeguard the integrity of the bankruptcy process for debtors and creditors; (b) protect the rights of consumer bankruptcy debtors; (c) provide educational and networking opportunities for attorneys who practice in the Southern District of Texas; and (d) educate legislators and the public regarding the needs of consumer bankruptcy debtors.

GENERAL MEMBERSHIP: **\$50.00** ASSOCIATE MEMBERSHIP: **\$50.00**
 STUDENT, COURT AND U.S. TRUSTEE’S OFFICE PERSONNEL MEMBERSHIPS **\$25.00**

As a condition of general membership, I certify that I am a duly licensed attorney authorized to practice law in the Southern District of Texas. I agree to support the goals of HACBA. In my practice, I represent primarily debtors (rather than primarily creditors) in bankruptcy.

As a condition of associate membership, I certify that I am a duly licensed attorney authorized to practice law in the Southern District of Texas. I understand that I am entitled to the full benefits of general membership, except that unless I agree to support the goals of HACBA and I represent primarily debtors (rather than primarily creditors) in bankruptcy, I am not eligible to vote in HACBA elections and I cannot hold an elected office in HACBA.

As a condition of student, court or U.S. Trustee’s Office personnel membership, I agree to support the goals of HACBA. I am not eligible to vote in HACBA elections and I cannot hold an elected office in HACBA.

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Applicant Name

Firm Name

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Address

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City

State

Zip Code

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Telephone

Fax

Email Address

Please mail this form with a check made payable to “**HACBA**” to J. Thomas Black, 2600 S. Gessner, Suite 110, Houston, Texas 77063.

Amount Paid: \$ _____

Signature of Applicant