



## 2018-2019 Membership Form

FIRM NAME: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_

FIRM PHONE NO: \_\_\_\_\_ FIRM FAX NO. \_\_\_\_\_

NAME OF FIRM CONTACT FOR DCSA: \_\_\_\_\_

FIRM CONTACT'S EMAIL ADDRESS: \_\_\_\_\_

ATTORNEYS IN FIRM (use reverse side if extra space is required):

	<b>Name</b>	<b>Email Address</b>
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MEMBERSHIP DUES: Please calculate your dues based upon number of attorneys located at your San Antonio Office. (Please enclose check payable to "DCSA" for Total Amount Due).

DUES CALCULATION:	0-5 Attorneys:	\$30/attorney
	6-10 Attorneys:	\$250
	11-20 Attorneys:	\$475
	21-30 Attorneys:	\$625
	31+ Attorneys:	\$775

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

Please return this form and your check to:

Kelly E. Preston  
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.  
112 E. Pecan, Suite 2700  
San Antonio, TX 78205