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**HOUSTON ASSOCIATION OF CONSUMER BANKRUPTCY
 ATTORNEYS (HACBA)
 (FORMERLY HADA)**

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 my Application is received by HACBA.

I understand that the basic goals 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 consumer bankruptcy law 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**

☛ 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 and in the U.S. District Court of 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 and in the U.S. District Court of 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.

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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 2600 S. Gessner, Suite 110, Houston, Texas 77063.

Amount Paid: \$ _____

 Signature of Applicant