

**KATY BAR ASSOCIATION DUES STATEMENT
SEPTEMBER 2024 – AUGUST 2025 BAR YEAR**

Name: _____	
Firm: _____	
Address: _____	
City: _____	
State: _____	
Zip: _____	
Telephone: _____	
Email: _____	
Annual Dues for September 2024 – August 2025	\$50.00

Please make checks payable to *Katy Bar Association* and mail with this form to:

**Katy Bar Association
c/o Andrew Weisblatt
2312 Katy Fort Bend Rd.
Katy, TX 77493**

You may also join KBA or renew your membership using the portal on our website:
www.katybar.org.

I am a renewing member and have no changes to the information previously provided. ___

NOTE: If you are a new member or a renewing member who has changes to the information provided with your last renewal, please help us keep our records current by returning a completed Member Profile with your payment.

THANK YOU FOR YOUR CONTINUED SUPPORT!

PLEASE DO NOT WRITE BELOW THIS LINE

Date Paid

Ck. No. _____

Amount _____

KATY BAR ASSOCIATION
2024-2025 MEMBER PROFILE

Please return this form and your dues payment of \$50.00 to:

Katy Bar Association
c/o Andrew Weisblatt
2312 Katy Fort Bend Rd.
Katy, Texas 77493

You may also join KBA and provide your Member Profile information using the portal on our website: www.katybar.org.

New Member? _____ Renewal? _____

Name (required): _____

If you are a renewing member, check here if your information is unchanged _____

Renewing members: Complete only the sections that must be updated.

New members: Complete all sections:

SBT No: _____

Firm: _____

E-mail: _____

Address: _____

Phone: _____

Fax: _____

Preferred Areas of Practice:

1. _____

2. _____

3. _____

4. _____

5. _____

Jurisdictions: _____

Board Certification: _____

Other Professional Credentials: _____
