UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS

# FEDERAL BAR MEMBERSHIP UPDATE

Name you sign **all** pleadings and **all** correspondence with:

Mr. _____ **Last:** _____ **First:** _____ **Middle:** _____ **Generation:** _____

**Bar Number:** _____ Alias/Maiden Name Optional: _____ **DOB (optional):** _____

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Previous Business Name: _____

Previous Business Address: _____ Previous Suite No.: _____

Previous City: _____ Previous State: _____ Previous Zip: _____

Previous Business Telephone: _____ Previous Fax Number: _____

Previous Email Address: _____

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**New Business Name:** _____

**New Business Address:** _____ **New Suite No.:** _____

**New City:** _____ **New State:** _____ **New Zip:** _____

**New Business Telephone:** _____ **New Fax Number:** _____

**New Email Address:** _____

☐ I am also requesting a new password for electronic case filing, or if I have not previously registered for electronic case filing, that a login be issued to me. This form serves as my registration for electronic case filing and consent under FED.R.CIV.P. 5(b) to accept service electronically via my primary email address noted above or any secondary email address I may later add.

Last Four Digits of Social Security Number:* _____

(*Required for electronic case filing registration)

**I verify that the above information is true and correct.** **Signature:** _____

**Date Prepared:** _____

**Return to:**
United States District Court
Northern District of Texas
Attn: Attorney Admissions Clerk
1100 Commerce Street, Room 1452
Dallas, Texas 75242
Email: attorney_txnd@txnd.uscourts.gov
Fax: 214-753-2266