



# MEMBERSHIP RENEWAL

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Office: \_\_\_\_\_ Toll-Free Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Are you an attorney?  Yes  No Current law student?  Yes  No  
 If yes, law school and year of graduation: \_\_\_\_\_  
 If an attorney, in what state(s) are you admitted to the practice of law? \_\_\_\_\_  
 Year first admitted to the bar: \_\_\_\_\_ State(s) bar numbers: \_\_\_\_\_

Second office address, if any: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Alternate email address to link to home address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

If you are an attorney, do you wish to participate in our Referral Service?  Yes  No  
***If yes, complete and return the enclosed Referral Service Participation Form AND a copy of the face sheet of your current malpractice insurance.***

If you are in the referral service will you accept the following referrals from NOSSCR:  
 Case on appeal to federal court:  Yes  No Child's SSI case:  Yes  No  
 Adult SSI case:  Yes  No Initial application:  Yes  No  
 Pro bono case:  Yes  No Overpayment: CDRS:  Yes  No

Within the past two years, have you been disciplined or cited for breach of ethics or unprofessional conduct, or have you been the subject of a complaint to, or investigation by, any court, administrative agency, bar association, disciplinary committee, or other professional or regulatory group?  
 Yes (attach paper)  No

Members must attend at least one hour of ethics training annually. This applies to all members, even if not required by your state bar. Please indicate the date and program that you attended within the past 12 months. If you have not fulfilled this requirement, we invite you to purchase our Ethics Webinar at <https://nosscr.ce21.com>. Please indicate date and program attended: \_\_\_\_\_

Languages spoken besides English: \_\_\_\_\_  
 Are you in:  Private practice  Legal services  Other (please specify): \_\_\_\_\_  
 Are you a member or officer in:  ABA  FBA  NOVA  NADR  NAELA  State Bar Association  
 Other (please specify): \_\_\_\_\_ If officer (please specify): \_\_\_\_\_

Do you have any special contacts with your Congressional Representative or Senator?  Yes  No  
 If yes, please let us know their name, position, your relationship or other relevant information: \_\_\_\_\_

How did you first hear about NOSSCR?  Friend or colleague  Bar Association  Google  Facebook  
 Other (please specify): \_\_\_\_\_

I certify that I am in good standing with NOSSCR, and my state bar if applicable, and acknowledge my responsibility to report any changes to NOSSCR.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sustaining Membership \$500**  **Regular Membership \$325**  
 By Check: Amount Enclosed \$ \_\_\_\_\_  By Credit Card  
 Name on card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Credit card number: \_\_\_\_\_ Security code (3 digits): \_\_\_\_\_

I authorize NOSSCR to charge \$ to the credit card account number indicated above.  
 Signature: \_\_\_\_\_

*Organization dues are not deductible as charitable contributions but usually qualify as business expenses. Because of NOSSCR's legislative activity, 84% of dues can be deducted as a business expense.*