



EMERITUS MEMBERSHIP APPLICATION

Emeritus membership is \$175 per year. Individuals are eligible for an emeritus membership when they have retired from the practice and are no longer actively seeking new clients. All regular membership benefits and discounts remain available, except an emeritus member may not participate in the referral service. NOSSCR welcomes retired and retiring members to this category but reserves the right to deny this status to anyone who continues to seek new clients or grow their practice.

Name: _____ Telephone: _____
Office: _____ Toll-Free Telephone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____
Date of birth: _____
Are you an attorney? Yes No

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: _____

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 nosscr.ce21.com. Please indicate date and program attended: _____

Languages spoken besides English: _____
Are you in: Private practice Legal services Other (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:

| certify that | am in good standing with NOSSCR, and my state bar if applicable, and acknowledge my responsibility to report any changes to NOSSCR.

Signature: _____ Date: _____



EMERITUS APPLICATION PAYMENT

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

Turn on autorenew to ensure benefit don't lapse (a reminder email is sent each year)

\$175 by Check Enclosed \$175 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: _____