



MEMBERSHIP APPLICATION

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: _____ Date of birth: _____
 Home address: _____
 Alternate email address to link to home address: _____

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 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
 I am a former member 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: _____



MEMBERSHIP APPLICATION

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.

Sustaining \$500 Regular \$325 \$250* Nonprofit \$250** Law Student (Free)

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: _____

* Brand new regular members pay \$250/year for their first two years, after which they pay the regular membership rate of \$325/year.

** Nonprofit members need to submit proof of organizational status from the IRS with their application to nosscr@nosscr.org.