

EMERITUS MEMBERSHIP APPLICATION

Emeritus membership is \$190 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 bene its 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:
Are you an attorne	y? □Yes □N	No	Date of birth:
If an attorney, in w	hat state(s) are y	you admitted	to the practice of law?
Year first admitted	to the bar:	State(s)) bar numbers:
Second office addr	ess, if any:		
			::
association, discipl Yes (attach pa Members must att required by your st If you have not fulf	inary committee per)	hour of ethics dicate the date ment, we invite	or investigation by, any court, administrative agency, bar ofessional or regulatory group? Is training annually. This applies to all members, even if not e and program that you attended within the past 12 months. te you to purchase our Ethics Webinar at nosscr.ce21.com.
Languages spoken	besides English	•	
Are you in: □Priv	ate practice \Box	Legal service	es Other (please specify):
Do you have any s	pecial contacts w	vith your Con	gressional Representative or Senator? □Yes □No
If yes, please let us	know their nam	ne, position, yo	our relationship or other relevant information:
certify that am reponsibility to rep	-		R, and my state bar if applicable, and acknowledge my
5 :			ъ.



EMERITUS APPLICATION PAYMENT

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

□ Turn on autorenew to er □\$190 by Check Enclosed	nsure bene it don't lapse (a reminder email is sent each year) □\$190 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:					