



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 (please provide details) No

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 \$600 Regular Membership \$450
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, 89% of dues can be deducted as a business expense.