



Senior Member or Inactive Status Application

Section I — Applicant Information (Please type or print)

Name (Mr./Ms./Mrs./Hon.) _____ Nametag preference (First name/nickname): _____

Firm or Court _____

Firm or Court Address _____

City _____ State _____ ZIP _____ E-Mail Address: _____

Phone () _____ Fax () _____

Home address _____ City _____ State _____ ZIP _____

Home Phone () _____ Cell Phone () _____ Preferred address for official ABOTA correspondence: Office Home

Date of Birth (mm/dd/yyyy): _____ Ethnicity (optional): _____ Gender (optional): M / F

Section II-A— Senior Member Applicant Qualifications

I hereby make application for **Senior Member**.

A. Is the Member at least 75 years of age?

Yes No

OR

B. The Member has ceased the active practice of law by reason of one (or more) of the following:

- Illness
- Injury
- Infirmity

AND

C. The Member has been a member for a minimum of ten (10) years.

Yes No

I understand that the annual dues for **Senior Member** are \$250 plus the State/Regional dues, if any.

Applicant Signature: _____ Date: _____

OR Section II-B — Inactive Status Applicant Qualifications

I hereby make application for **Inactive Status**.

I am requesting **Inactive Status** because:

- Disability, physical or otherwise.
- Absence from the country.
- Appointment to, or employment in a position that prohibits the practice of law.
- Retirement from the practice of law.

I understand that acceptance of my application for **Inactive Status** will relieve me of my responsibility to pay dues and assessments, but I will not be entitled to voting privileges.

Applicant Signature: _____ Date: _____

Section IV — Chapter Approval

■ As a member of the _____ Chapter Executive Committee, I hereby certify that the foregoing applicant has been approved by the Executive Board of the local chapter for (select one):

Senior Member **Inactive Status**

EC Member (please print): _____

Title (please print): _____

Signature: _____

Date: _____