

2001 Bryan Street, Suite 3000, Dallas, Texas 75201 Phone: (214) 871-7523 Fax: (214) 871-6025 national@abota.org www.abota.org

Senior Member or Inactive Status Application

Section I — Applicant Information	(Please	type	or print)
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Name (Mr./Ms./Mrs./Hon.)		Nametag preference (First name/nickname):	
Firm or Court			
Firm or Court Address			
City	State ZIP	E-Mail Address:	
City		L 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 Q	ualifications	OR Section II-B — Inactive Status Applicant Qualifications	
 I hereby make application for Senio 		 I hereby make application for Inactive Status. 	
A. Is the Member at least 75 years of a	-	I am requesting Inactive Status because:	
🖵 Yes	□ No	Disability, physical or otherwise.	
	OR	Absence from the country.	
		Appointment to, or employment in a position that prohibits the practice of law.	
 B. The Member has ceased the active law by reason of one (or more) of th Illness 		Retirement from the practice of law.	
		I understand that acceptance of my application for Inactive Status will relieve me of my	
Infirmity		responsibility to pay dues and assessments, but I will not be entitled to voting privileges.	
	AND		
C. The Member has been a member for	or a minimum of ten (10) years.	Applicant Signature: Date:	
🗅 Yes	No No		
I understand that the annual dues for if any.	Senior Member are \$250 plus the State/Regio	onal dues,	
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:	
Rev. June 2015			