

Date:
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## **New Member Application**

Please fill out this form in its entirety and and send to Member Services by e-mail memberservices@isba.org, fax 217.525.0420, mail: Illinois State Bar Association, c/o Member Services, 424 S. Second St., Springfield, IL 62701-1779. Or fill it out online at **isba.org/membership/join** 

			☐ Hor	me Address [	☐ Business Address	
M D F D						
Name		Maiden Name (if applicable)				
Company (if applicable)						
Street Address						
City		State	Z	ip		
Tel. No	FAX No		Date of Bir	th		
E-Mail Address		Law School				
Date admitted to IL bar	ARDC#					
Earliest year admitted in	any stateS	itate				
I hereby certify that I am a member of the legal profession licensed to practice and agree, if accepted as a member, to abide by the charter and the bylaws of the Illinois State Bar Association.			Primary Reason for Joining  ☐ ISBA Mutual Professional Liability Insurance			
	ment with Application		☐ Free CLE ☐ Fastcase ☐ Networking ☐ Other:	☐ IllinoisBa		
Please Relliit Pay	inent with Application	•				
☐ Check	□ MC □ VISA □ AM	EX DISC				
Check No	Account No	lo		Expiration Date:		
□ Solo	best describes your <b>employme</b>	☐ Unemployed			many lawyers are	
<ul><li>□ Associate</li><li>□ Partner</li><li>□ In-house Counsel</li><li>□ Of Counsel</li></ul>	<ul><li>□ Government Attorney</li><li>□ Contract Attorney</li><li>□ Public Interest Attorney</li><li>□ Retired</li></ul>	Other (please specify)	□ Solo □ 2-5 □ 6-10	□ 11-20 □ 21-50 □ 51-150	□ over 150 □ N/A	
3. Which of the following	g <b>areas of law</b> makeup a <b>signific</b> a	ant part of your practice?				
□ Administrative Law □ ADR/Mediation □ Animal Law □ Appellate Practice □ Banking □ Bankruptcy □ Business Law □ Civil Rights □ Collections □ Construction Law □ Consumer Law	☐ Criminal/DUI/Traffic ☐ Education ☐ Elder Law ☐ Environmental Law	Education  Elder Law  Environmental Law  Estate Planning/Probate Family Law  Foreclosures  General Practice  International L  Law  Labor and Em  Litigation/Civi  Medical Gov't/M  Medical Malpr  Mental Health Health Care		□ Public Utiliti □ Real Estate □ Social Securi □ Taxation (Fe □ Veterans/Mil □ Workers' Col □ Other (Pleas	d/State/Local) itary mp	

## **Membership Categories**

- **1. Regular**—Members of the legal profession licensed to practice
- **2. Nonresident**—Lawyers in good standing who neither reside nor practice in the State of Illinois.
- **3. Retired**—Members for at least five continuous years who are also in retired status with the Attorney Registration & Disciplinary Commission.
- **4. Inactive**—Members for at least two consecutive years who are also in inactive status with the Attorney Registration & Disciplinary Commission.
- **5. Life**—Any member of the Association who makes a lump sum dues payment of \$7,200.

Dues Reduction/Waiver—available upon approval of written application.

Membership is not cancelled automatically with nonpayment of dues. Resignation must be submitted in writing upon satisfying all obligations then due the Association.

## **Membership Dues Rates**

Actice Member	Annual
1st year after admission to the Bar in <b>Illinois</b>	Complimentary
2nd and 3rd year after admission to <b>any</b> Bar	\$75.00
4th and 5th year after admission to <b>any</b> Bar	\$125.00
6th, 7th, and 8th year after admission to <b>any</b> Bar	\$200.00
9th and 10th year after admission to <b>any</b> Bar	\$250.00
11+ years after admission to <b>any</b> Bar	\$380.00
Retired Member*	\$50.00
Inactive Member*	\$55.00
Associate Member	\$99.00
Nonresident	\$99.00

\*Retired/Inactive status requires Retired/Inactive Status with ARDC.