

Date: _____

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

			🗅 Ho	ome Address	Business Address	
		Maidau N				
	State					
	FAX No					
	ARDC#					
Earliest year admitted in a	any stateS	tate				
I hereby certify that I am a member of the legal profession licensed to pra and agree, if accepted as a member, to abide by the charter and the byla the Illinois State Bar Association.			Primary Reason for JoiningISBA Mutual Professional Liability InsuranceFree CLEFree CLEFastcaseIllinoisBarDocsNetworkingISBA Publications			
Signature of applicant						
Please Remit Pay	ment with Applicatior	1	□ Other:			
Check		EX 🖵 DISC				
Check No	Account No		Expiration Date:			
	Help	Us Serve You Bett	ter!			
1. Which of the following best describes your employment status ?			2. Including yourself, how many lawyers are			
 Solo Associate Partner In-house Counsel Of Counsel 	 Staff Attorney Government Attorney Contract Attorney Public Interest Attorney Retired 	 Unemployed Other (please specify) 	in your firm		□ over 150 □ N/A	
3. Which of the following	areas of law makeup a significa	nt part of your practice?				
 Administrative Law ADR/Mediation Animal Law Appellate Practice Banking Bankruptcy Business Law Civil Rights Collections Construction Law Consumer Law 	 Corporations/Securi Criminal/DUI/Traffic Education Elder Law Environmental Law Estate Planning/Pro Family Law Foreclosures General Practice Health Care Immigration 	□ Intellectual F □ Internationa □ Juvenile Lav □ Labor and E □ Litigation/Ci □ Local Gov't/ □ Medical Mal □ Mental Healt □ Personal Inju	 Insurance Law Intellectual Property International Law Juvenile Law Labor and Employment Litigation/Civil Practice Local Gov't/Municipal Medical Malpractice Mental Health Law Personal Injury Professional Liability 		 Public Utilities & Transportation Real Estate Social Security Taxation (Fed/State/Local) Veterans/Military Workers' Comp Other (Please specify)	

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.
- 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 \$9,100.

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

Membership is not cancelled automatically with nonpayment of dues. Upon satisfying all obligations due the Association, resignation must be submitted in writing either by **mail** or **email (memberservices@isba.org**)

Membership Dues Rates

Actice Member	Annual		
1st year after admission to the Bar in Illinois	Complimentary		
2nd and 3rd year after admission to any Bar	\$75.00		
4th and 5th year after admission to any Bar	\$150.00		
6th, 7th, and 8th year after admission to any Bar	\$240.00		
9th and 10th year after admission to any Bar	\$300.00		
11+ years after admission to any Bar	\$455.00		
Retired Member*	\$60.00		
Inactive Member*	\$55.00		
Associate Member	\$120.00		
Nonresident	\$120.00		

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