

A legal administrator is defined as a person who devotes at least 75% of his or her work time to performing the management responsibilities of a private law firm, legal service clinic, corporate legal department, college or university legal department, governmental legal agency, court system, charitable legal agency, or some other organization which is primarily engaged in the practice of law; manages others or manages an important function which renders high-level technical or other specialized services to the organization; occupies a position which involves the exercise of independent judgment without close daily supervision; and is employed in a position which is eligible to be classified as exempt.

Requirements for legal administrator membership are:

1. Meet the definition of a legal administrator; and
2. Be at least twenty-two (22) years of age; and
3. Be of a good moral character; and
  - a). Not have been suspended or disbarred from the practice of law in any state; and
  - b). Not have been convicted of an unauthorized practice of law in any state; and
  - c). Not be currently under suspension, termination or revocation of a certification, registration or license to practice by a professional organization, court, disciplinary board, or agency in any jurisdiction; and
4. Membership must be sponsored by an attorney in the same law firm, governmental department, law school, corporate legal department, court system, charitable legal agency or some other organization which is primarily engaged in the practice of law who is an Indiana State Bar Association member.
5. Inactive Status. Legal administrators who do not meet the definition of legal administrator because of a temporary interruption in employment as a legal administrator may maintain "inactive" status. Legal administrators in inactive status may participate in all Indiana State Bar Association activities as active legal administrator affiliate members. Legal administrators may not continue in inactive status for longer than three consecutive years.

**INDIANA STATE BAR ASSOCIATION AFFILIATE APPLICATION**  
**LEGAL ADMINISTRATOR**

Name \_\_\_\_\_  
Last Name First Name Middle Initial

Business Address \_\_\_\_\_ Indiana \_\_\_\_\_  
Street City County Zip

Law Firm Name or Company \_\_\_\_\_

Residence Address \_\_\_\_\_ Indiana \_\_\_\_\_   
Street City County Zip  
(Association Communications are mailed to business address unless box after residence address is checked.)

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ \*Race \_\_\_\_\_ \*Sex \_\_\_\_\_

*\*Information requested is optional and used only to provide ISBA services.*

**Sponsorship of Applicant as Affiliate Member & Verification of Employment:**

I am a member in good standing of the Indiana State Bar Association and I sponsor this applicant for Affiliate Membership in the Indiana State Bar Association.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name State Admitted to Practice Date of Admission

**Annual Affiliate Dues if employing attorney is an ISBA member:**

1<sup>st</sup> and 2<sup>nd</sup> years of affiliate membership in ISBA.....\$ 72.00  
3<sup>rd</sup> through 6<sup>th</sup> years of membership in ISBA.....\$105.00  
More than 6 years of membership in ISBA.....\$127.00  
Annual Dues if employing attorney is **NOT** an ISBA member.....\$298.00

Make check payable to the Indiana State Bar Association. If paying by credit card, please provide us with the necessary information. \_\_\_\_\_Discover \_\_\_\_\_MasterCard \_\_\_\_\_Visa

Expiration Date \_\_\_\_\_ \*\*3-4 Digit Code \_\_\_\_\_

\*\*If paying by credit card, please provide the 3 or 4 digit verification number on the back of your credit card. This number is needed to process your credit card.

Account # \_\_\_\_\_

Signature \_\_\_\_\_

## ISBA Legal Administrator Affiliate Affidavit

### **Definition:**

A legal administrator is defined as a person who devotes at least 75% of his or her work time to performing the management responsibilities of a private law firm, legal service clinic, corporate legal department, college or university legal department, governmental legal agency, court system, charitable legal agency, or some other organization which is primarily engaged in the practice of law; manages others or manages an important function which renders high-level technical or other specialized services to the organization; occupies a position which involves the exercise of independent judgment without close daily supervision; and is employed in a position which is eligible to be classified as exempt.

### **I hereby state that:**

1. I meet the definition of a legal administrator as stated on this application.
2. I am of good moral character, not having been convicted of a felony, or its equivalent, murder, treason, rape, robbery, kidnapping, burglary, arson, criminal confinement, perjury or any crime involving dishonesty or false statements.
3. I have not been suspended or disbarred from the practice of law or convicted of unauthorized practice of law in any state.
4. I am not currently under suspension, termination or revocation of a certification, registration or license to practice by a professional organization, court, disciplinary board, or agency in any jurisdiction.

**I certify that the information submitted in this application is true and correct.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_