

**APPLICATION FOR MEMBERSHIP IN THE
INDIANA STATE BAR ASSOCIATION**

I hereby make application for MEMBERSHIP in the Indiana State Bar Association and certify that I am a member of the legal profession in good standing. I was admitted to practice before the Supreme Court of Indiana on _____.

Not being admitted in Indiana, I am applying for Non-Resident or Associate Membership. I was admitted to practice in _____ on _____, and am a member of the Bar of said jurisdiction in good standing. mm/dd/yyyy

(signature of applicant lawyer)

BE CERTAIN TO COMPLETE THE OPPOSITE SIDE OF THIS FORM!

Return To:
Indiana State Bar Association
One Indiana Square, Suite 530
Indianapolis, IN 46204
Fax: 317-266-2588; E-mail: isbaadmin@inbar.org
Visit our website for additional information,
www.inbar.org.

Return this portion of your application with your check payable to ISBA. If paying by credit card, please provide us with the necessary information:
 Visa Mastercard Discover
Card # _____
Exp. Date _____ Verification Code _____
Signature _____

Separate at above perforation. Submit top section only.

ANNUAL DUES (Fiscal year begins July 1)

Resident Member, admitted to practice more than 6 years.....	\$304.00
Resident Member, admitted 3 to 6 years, inclusive	\$168.00
Resident Member, admitted less than 3 years	\$87.00
Resident Associate Member	\$255.00
Non-Resident Member	\$168.00
Government Member admitted to practice more than 6 years	\$138.00
Government Member admitted 3 to 6 years, inclusive	\$112.00
Government Member admitted less than 3 years	\$66.00
Senior Life Member	\$128.00
Non-Resident Senior Life Member	\$61.00
Members in ACTIVE military service	\$00.00
New Admittee, admitted in Indiana less than six months	\$00.00

Affiliate member consists of Paralegal, Law Librarian, Court Administrator or Legal Administrator. Visit www.inbar.org and click on membership information for application.

Annual dues are due and payable on the first day of July. Persons applying for membership during the fiscal year (except those newly admitted to practice) shall pay dues pro rated for the balance of the year, computed on a quarterly basis on Oct. 1, Jan. 1, Apr. 1. Visit our website, www.inbar.org, for pro rated figures. *(Requirements for membership on opposite side)*



INDIANA STATE BAR ASSOCIATION

Serving the legal profession and the public

Name _____ Date _____
(Last) (First) (Middle)

Business Address _____

City _____ State _____ Zip Code _____

Residence Address _____

City _____ State _____ Zip Code _____

(Association communications are mailed to business address unless box after residence address is checked.)

Law Firm Name or Company _____

Business Telephone _____ Fax # _____

E-mail Address _____ Date of Birth _____ Place _____

Area of Practice _____ Race* _____ Sex* _____

College or University _____ Law School _____

Date admitted to practice in Indiana _____

Other states (and dates) where admitted to practice _____

Spouse name (if married) _____

Separate at above perforation. Submit top section only.

Bylaws of the Indiana State Bar Association provide:

1. **SUBMISSION AND APPROVAL.** All applications for the membership shall be in writing, upon forms prescribed by the Board of Governors, submitted to the principal office of the Association and shall be accompanied by the tender of such dues as are prescribed for the applicant's category. Proof of eligibility shall be furnished by an applicant upon request by the Board of Governors. Approval of the application shall be by majority vote of the Board of Governors. If rejected for membership by the Board of Governors, the applicant may submit an application to the House of Delegates at its next meeting.

2. **RESIDENT MEMBERSHIP.** An attorney who is on the roll of attorneys admitted to the practice of law by the Supreme Court of Indiana shall be eligible for Resident Membership. A Resident Member in good standing shall have voting privileges, and shall be eligible to hold any elective or appointive Association office.

3. **NON-RESIDENT MEMBERSHIP.** An attorney who is duly qualified to practice law in any country, state, territory, district or possession, *including the state of Indiana*, and who neither resides nor practices law in Indiana, shall be eligible for Non-Resident Membership. A Non-Resident Member shall be ineligible to hold any office in Association.

4. **RESIDENT ASSOCIATE MEMBERSHIP.** An attorney who is a resident of Indiana and who is duly qualified to practice law in any country, state, territory, district or possession *other than the state of Indiana* shall be eligible for Resident Associate Membership. A Resident Associate Member shall be ineligible to hold office in the Association but shall be entitled to serve as a full voting member, including service as chair of any committee to which duly appointed and any section duly joined.

(Schedule of membership dues on opposite side. Visit the ISBA website at www.inbar.org for more information.)