

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**

			☐ 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 employme	☐ Unemployed			many lawyers are	
□ Associate□ Partner□ In-house Counsel□ Of Counsel	□ Government Attorney□ Contract Attorney□ Public Interest Attorney□ Retired	Other (please specify)	□ Solo □ 2-5 □ 6-10	□ 11-20 □ 21-50 □ 51-150	□ over 150 □ N/A	
3. Which of the following	g areas of law makeup a signific 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 Illinois	Complimentary
2nd and 3rd year after admission to any Bar	\$75.00
4th and 5th year after admission to any Bar	\$125.00
6th, 7th, and 8th year after admission to any Bar	\$200.00
9th and 10th year after admission to any Bar	\$250.00
11+ years after admission to any 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.