APPLICATION FOR CHANGE OF MEMBERSHIP TO **EMERITUS/PRO BONO**

Name: _____ **Bar No.** _____

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Contact information may also be updated online by visiting mywsba at the following address: http://www.mywsba.org.

Name:_____ Business Phone:(_____)_____

Mailing Address:_____ Business Fax:(_____)_____

_____ Primary E-mail:_____

_____ _____

Home Address:*_____ Home Phone:(____)_____

_____

_____

***Your home address will be made public if it is the only address on file with the WSBA.**

To change to Emeritus/Pro Bono membership, a member must:

1) **Meet the requirements of 5 of 10 years active legal experience, current good standing, and submission of this application.**
2) **Arrange volunteer service with a Qualified Legal Services Provider (QLSP).**
3) **Complete the Emeritus/Pro Bono Training.** Training consists of completing 6 hours of online and/or live training and orientation with your QLSP. A training certification form will be provided upon receipt of your application. You may wish to discuss relevant training with the QLSP.
4) **Pay an annual license fee.** The Emeritus/Pro Bono license fee is $200 each calendar year. If you have already paid the license fee for your current membership then no fee is due. If you are changing during the licensing season and have not yet paid the license fee for the upcoming or current year, please include the $200 license fee.

Method of Payment:

☐ Check (Payable to Washington State Bar Association)

☐ Credit Card (please complete the section below)

I authorize the WSBA to charge the below noted credit card $_____.

Master Card _____ Visa _____ AmEx _____

Credit card no. _____ Expiration date _____

Authorized Signature _____

Name as it appears on card _____

Address (if different from above) _____

City, State, Zip Code _____ Phone no. _____

For Office Use Only	
Status Change – 22160 Date: _____ Check No. _____ Amount: $_____	

Washington State Bar Association • 1325 4th Avenue, Suite 600 / Seattle, WA 98101-2539
206-443-9722 • membershipchanges@wsba.org • Fax: 206-727-8313

Washington State Bar Association Membership Information:

Date of admission to the WSBA: _____

I hereby make application for a change of membership to Emeritus/Pro Bono membership in the Washington State Bar Association. I understand that to qualify for Emeritus/Pro Bono membership I must present satisfactory proof of active legal experience as defined in APR 3(b) for at least 5 of the 10 years immediately preceding this application. In support of this application, I submit the following information:

- ☐ I have been an active member of the Washington State Bar Association for at least 5 of the last 10 years.

OR

- ☐ I have not been an active member of the Washington State Bar Association for at least 5 of the last 10 years, but I have attached proof of active legal experience in another jurisdiction (certificate of good standing and/or legal employment history) that establishes active legal experience as defined in APR 3(b) for at least 5 of the last 10 years.

Membership in Other Jurisdictions:

1. List all jurisdictions and courts where you have been admitted to practice law:

Jurisdiction	Courts	Date of Admission

2. Have you ever applied for or taken a bar examination in another jurisdiction and not been admitted in that jurisdiction? ❑ Yes ❑ No

   If yes, please provide a full explanation on an attached sheet.

3. Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined by any jurisdiction or court other than Washington? ❑ Yes ❑ No

   If yes, please provide details and a full explanation on an attached sheet.

4. Is there any disciplinary investigation of any kind now pending concerning you in any jurisdiction? ❑ Yes ❑ No

   If yes, please provide details and a full explanation on an attached sheet.

Legal Experience and Employment History (attach additional sheets if necessary):

5. List **all** employment you have had in the last 10 years, including unemployment due to retirement:

a. Occupation: _____ Dates: _____

Employer: _____

Address: _____

Telephone: _____ Supervisor: _____

Nature of employment: _____

If terminated, the reason:_____

b. Occupation: _____Dates:_____

Employer_____

Address:_____

Telephone: _____ Supervisor:_____

Nature of employment: _____

If terminated, the reason: _____

c. Occupation: _____Dates:_____

Employer_____

Address:_____

Telephone: _____ Supervisor:_____

Nature of employment: _____

If terminated, the reason: _____

Personal Information:

6. Have you ever been cited, arrested, charged, or convicted for a violation of any law, including traffic violations or infractions? ❑ Yes ❑ No If yes, please provide full details on an attached sheet.

7. Have you ever been charged with fraud, deceit, misrepresentation or forgery in any civil, criminal, administrative or other proceedings? ❑ Yes ❑ No If yes, please provide full details on an attached sheet.

Certificate of Applicant

I will provide volunteer legal services for _____, and will practice law according to the provisions of APR 8(e) exclusively as a member of that organization.

I certify under penalty of perjury under the laws of the state of Washington that I have read the foregoing application and the statements therein are full, true, and correct, and while an Emeritus/Pro Bono member I will limit my practice of law to the provisions of APR 8(e) and will not be employed in any capacity requiring active membership in the Washington State Bar Association.

DATED this _____ day of _____, 20___ at _____.
(City, State)

_____
Signature

The applicant must arrange a volunteer position directly with a Qualified Legal Services Provider. Please include this form, completed by a representative of the QLSP, with your application.

Member: _____ WSBA No. _____

Certificate of Qualified Legal Services Provider

Start Date: _____

Organization: _____

Address: _____

Phone: _____

I certify that the above WSBA member has agreed to volunteer as a lawyer in this office beginning on the date indicated above and will provide legal services for no fee.

Signature: _____ Date signed:_____

Name printed: _____

Title: _____