



Oregon State Bar Regulatory Services Department
 PO Box 231935
 Tigard, OR, 97281-1935
 Fax: 503-968-4457

For Bar Office Use Only

Amt Rcvd \$ _____
 _____ Check # _____
 _____ Credit Card

Application for Transfer to Inactive Membership Status

Effective Date of INACTIVE Status: _____ Bar Number: _____
 (will be the date received by the Bar, or a later date if indicated here)

Last Name: _____ First Name: _____ Middle: _____

Phone Number: _____ Email: _____

Mailing Address: _____ City/State/Zip: _____

- I have updated my bar record with my new contact information.**
 - I understand that I may not practice law, or hold myself out as an attorney in the State of Oregon;
 - I understand that before I can return to active bar membership I must make an application for reinstatement under the relevant provisions of BR 8.1 or 8.2;
 - I am submitting this request before January 31st**, within 30-days of my admission to the Oregon State Bar, or as otherwise allowed by the bylaws;
 - I have contacted the Professional Liability Fund regarding my status change;
 - I certify my active client files and records have been, or will be, placed with active Oregon State Bar member:
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OR

- I certify I have no active client files; and
- Inactive membership fee of \$125 is attached**, or I have already paid my active membership fees for the current year.

Member Signature: _____ **Date:** _____

Pay by Check or Pay By Credit Card

- Visa MasterCard *(Note: The Oregon State Bar accepts only Visa and MasterCard)*

Card #: _____ Expiration Date (MM/YY): _____

Name on Card: _____

Billing Address: _____

Amount: \$125.00 or _____

By my signature below, I hereby authorize Oregon State Bar to charge this Visa or MasterCard account for INACTIVE Membership fees, as listed above.

Signature: _____