

APPLICATION FOR CHANGE OF MEMBERSHIP TO INACTIVE-HONORARY

Name:	Bar No	
I hereby make application for a change of membershi	p status fro	m:
☐ Active ☐ Inactive-Lawyer ☐	Judicial	☐ Emeritus/Pro Bono
to Inactive-Honorary membership in the Washington	on State Bar	Association.
By signing this application I acknowledge that I have of Active and Judicial member for 50 years. I am of the Washington State Bar Association I must substitute investigation as to both my character and my comproduced or a substitute of the Washington state of the Washi	aware that mit an appli betency to pate bar exan	to again become an Active member ication which will be subject to full practice law, and that the Board of
I certify that I will not engage in the practice of capacity requiring active membership while an In		
Signature	Date	
City/State where signed		
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If your contact information has changed, please provide information may also be updated online by visiting myWSBA a		
Name:	Busin	ess Phone:()
Mailing Address:		ess Fax:()
		ry E-mail:
	TD	D:()
Website Address:		k your listing at http://www.mywsba.org .
Home Address:*	Hom	ne Phone:()

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