REQUEST FOR APPLICATION TO ACTIVE

Date: _____

Name: _____ **Bar No.** _____

My Current Membership is: ❑ Inactive-Lawyer ❑ Inactive-Honorary ❑ Judicial
❑ Emeritus/Pro Bono ❑ Suspended

I hereby request that a **To Active Membership Change Application Packet,** which includes my specific and individual membership change requirements, be sent to me at the following email address:

Email: _____

As of January 1, 2014, all WSBA members, regardless of membership class, are required to furnish an email address to the WSBA. See Rule 13 of the Admission and Practice Rules (APR) and the WSBA Bylaws, Article III Section B.1.b

Do you live or maintain an office in the state of Washington? ❑ Yes ❑ No

A $100 non-refundable investigation fee is required for a request to change to Active membership.

Method of Payment:

❑ Check (in the amount of **$100** payable to Washington State Bar Association)

❑ Credit Card (please complete the section below)

I authorize the WSBA to charge the below noted credit card **$100**:

Master Card _____ Visa _____AMEX _____

Credit card No. _____ Expiration date _____

Authorized Signature _____

Name as it appears on card _____

Address (if different from above) _____

If you have not received your Application Packet within 2 weeks, contact us using the information below.

For Office Use Only Investigation Fee 42288 RSD Date: _____ Check No. _____ Amount: $_____	

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