



2023 LICENSE FEE PAYMENT PLAN FOR LICENSED LEGAL PROFESSIONALS

OVERVIEW

- As set forth in the table below, you may pay your 2023 license fee in up to five monthly installments. To take full advantage of the plan, sign up and pay the first installment in October 2022.
- All payments are due by the first day of the month and the **balance must be paid in full by Feb. 1, 2023**.
- The \$20 [Client Protection Fund](#) assessment set by the Supreme Court is included in your first payment.
- Optional: You may take the [Keller deduction](#) or donate to the [Washington State Bar Foundation](#) (WSBF) and/or [Campaign for Equal Justice](#) with your last payment.
- Mandatory: You will receive annual licensing materials in November. All [licensing requirements](#), including payment, must be completed by Feb. 1, 2023. A late fee will be assessed Feb. 2. Failure to comply with licensing requirements may result in a Supreme Court order of suspension (Supreme Court Admission and Practice Rule 17).

QUESTIONS? Contact WSBA Service Center at questions@wsba.org or call 206-443-9722 / 800-945-9722.

PLAN OPTIONS

PAYMENT PERIOD	ACTIVE LAWYER Admitted to any Bar before 2021 \$458.00 + \$20.00 = \$478.00	ACTIVE LAWYER Admitted to any Bar in 2021 or 2022 \$229 + \$20.00 = \$249.00	ACTIVE LLLT \$229 + \$20 = \$249	INACTIVE/PRO BONO LAWYER OR ACTIVE LPO \$200.00	INACTIVE LLT/LPO \$100.00
5 months 10/3, 11/1, 12/1, 1/3, 2/1	<ul style="list-style-type: none"> 1st payment: \$111.60 Payments 2-5: \$91.60/month 	<ul style="list-style-type: none"> 1st payment: \$65.80 Payments 2-5: \$45.80/month 	<ul style="list-style-type: none"> 1st payment: \$65.80 Payments 2-5: \$45.80/month 	<ul style="list-style-type: none"> All payments: \$40.00/month 	<ul style="list-style-type: none"> All payments: \$20.00/month
4 months 11/1, 12/1, 1/3, 2/1	<ul style="list-style-type: none"> 1st payment: \$134.50 Payments 2-4: \$114.50/month 	<ul style="list-style-type: none"> 1st payment: \$77.25 Payments 2-4: \$57.25/month 	<ul style="list-style-type: none"> 1st payment: \$77.25 Payments 2-4: \$57.25/month 	<ul style="list-style-type: none"> All payments: \$50.00/month 	<ul style="list-style-type: none"> All payments: \$25.00/month
3 months 12/1, 1/3, 2/1	<ul style="list-style-type: none"> 1st payment: \$172.68 Payments 2-3: \$152.66/month 	<ul style="list-style-type: none"> 1st payment: \$96.34 Payments 2-3: \$76.33/month 	<ul style="list-style-type: none"> 1st payment: \$96.34 Payments 2-3: \$76.33/month 	<ul style="list-style-type: none"> 1st payment: \$66.68 Payments 2-3: \$66.66/month 	<ul style="list-style-type: none"> 1st payment: \$33.34 Payments 2-3: \$33.33/month
2 months 1/3, 2/1	<ul style="list-style-type: none"> 1st payment: \$249.00 2nd Payment: \$229.00 	<ul style="list-style-type: none"> 1st payment: \$134.50 2nd payment: \$114.50 	<ul style="list-style-type: none"> 1st payment: \$134.50 2nd payment: \$114.50 	<ul style="list-style-type: none"> 1st payment: \$100.00 2nd payment: \$100.00 	<ul style="list-style-type: none"> 1st payment: \$50.00 2nd payment: \$50.00

PAYMENT OPTIONS AND AUTHORIZATION

- CHECK:** Complete form and send to WSBA with 1st payment. All checks should be made payable to WSBA.
- CREDIT CARD:** Complete form, fill in credit card information, and send to WSBA. Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions; there is no fee if you pay by check.

I hereby authorize WSBA to charge the following credit card according to the payment schedule that I have selected below. Any optional deduction or donation will be recognized in the last payment. On Feb. 1, 2023, any remaining balance will be charged to this credit card.

NO CREDIT CARD INFO BY EMAIL
Visa MC AMEX _____ - _____ - _____ Exp. Date ____ - _____
Name on Card _____ Signature _____

PLAN SELECTION

- I would like to:** Participate in the ____ month payment plan
 Take the Keller Deduction
 Make a donation to the Washington State Bar Foundation in the amount of \$50/other _____
 Make a donation to the Campaign for Equal Justice in the amount of \$50/other _____

Name (Print):

Billing address:

Signature:

License #:

Date:

Send completed form with payment to:

Washington State Bar Association Attn: Accounting Division, 1325 Fourth Avenue, Suite 600, Seattle, WA 98101-2539