



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 Retired Membership Status

Effective Date of RETIRED Status: _____ Bar Number: _____

(Effective date will be the date received by the bar or a future date, no more than 30 days from date of application.)

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 certify that I am at least 65 years of age and I am retired from the practice of law;
- 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, 8.2, or 8.14;
- I am submitting this request before January 31**, 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: _____
- OR**
- I certify I have no active client files; and
- Retired membership fee of \$125 is attached**, or I have already paid my active membership fees for the current year.

Forms submitted between Dec. 1 and Jan. 31 must include payment. Over 50-year members do not need to include payment.

Member Signature: _____ **Date:** _____

Please send payment to:
 Oregon State Bar
 Attn: Regulatory Services
 PO Box 231935
 Tigard, OR 97281-1935