

Name:		Job Title/Classification:	
Firm or Organization:		Office Address:	
City	State	Zip	Phone #:
Fax #:		Email:	

The above address you supply will be used for all official communications.

You are responsible for providing timely written notice of any change in your address, phone numbers or email.

Current Sections that Accept Out-of-State & Associate Members	
Code	Section
844	Administrative Law
801	Admiralty
837	Agricultural Law
802	Alternative Dispute Resolution
834	Animal Law
803	Antitrust, Trade Regulation
804	Appellate Practice
805	Aviation Law
806	Business Law
807	Business Litigation
848	Cannabis Law
808	Civil Rights
841	Constitutional Law
810	Construction Law
838	Consumer Law
811	Criminal Law
812	Debtor-Creditor
826	Disability Law
845	Diversity
842	Elder Law
824	Energy, Telecom & Utility Law
813	Environmental & Natural Resources
814	Estate Planning & Administration
815	Family Law
816	Government Law
817	Health Law
833	Indian Law
823	Intellectual Property
818	International Law
843	Juvenile Law
819	Labor & Employment
821	Litigation
847	Military & Veterans Law
846	Nonprofit Organizations Law
829	Products Liability
825	Real Estate & Land Use
827	Securities Regulation
840	Solo & Small Firm
835	Sustainable Future
828	Taxation
809	Technology Law*
830	Workers' Compensation

I would like to join the following sections: Please write the code, name and fee from the list at the left for sections you wish to join this year.		
Code	Section	Fee
Total Remitted		

Credit Card Payment – VISA or MasterCard only	
Name on card _____ <small>(please print)</small>	
Card Number _____ Exp. Date. _____	
Card Billing _____	
Street Address _____	
City, State, Zip _____	
Signature _____ <small>(not valid without signature)</small>	

OSB USE ONLY	
Firm Check: _____ Pers. Check: _____ Other: _____	
Firm Name: _____	

Corporate Counsel Section has elected to not accept associate members.

Technology Law Section restricts its Associate membership to law students matriculated to ABA accredited law schools and to law professors of AMA accredited law schools. Visit the bar's website for information on section activities. www.osbar.org

Certification -- Not valid without completing the certification section and signature.

- I hereby certify that I am (check one):
- An employee of an Oregon Lawyer
 - A law professor
 - An employee of a legal department of a corporation or government entity, and am supervised by an Oregon Lawyer
 - A member of a related profession, specifically: _____
 - An attorney licensed to practice law in the state of: _____

The answers contained in this application are to be considered as continuing to be true from the date of this application, until my membership ceases or expires. I acknowledge that, if any answer or portion of an answer ceases to be true, if my employment changes or if I cease to qualify as an out-of-state attorney or associate member, I have a continuing obligation to inform and will immediately so inform the Oregon State Bar.

Signature _____ Date _____