

ACTIVE PRO BONO INSTRUCTIONS

The purpose of the Active Pro Bono category of membership in the Oregon State Bar is to facilitate and encourage the provision of pro bono legal services to low income Oregonians and volunteer service to the bar by attorneys who otherwise may choose inactive status or resignation from membership in the bar.

Eligibility:

The Active Pro Bono category is available to attorneys in good standing:

- who agree to provide pro bono legal services to indigent clients referred by pro bono programs in Oregon certified under Bar Bylaw 13.2 (A list of certified programs is available online or upon request);
- who do not engage in the practice of law except for the provision of pro bono services specified above or in volunteer service on the SPRB, the LPRC, the Disciplinary Board, or as Bar counsel; and
- who obtain professional liability coverage through the Professional Liability Fund or the program referring the pro bono cases.

Membership Dues:

Active Pro Bono dues are \$125.

Minimum Continuing Legal Education (MCLE):

Active Pro Bono members are exempt from Oregon's Minimum Continuing Legal Education (MCLE) requirements pursuant to MCLE Rule 3.6.

For further information, contact:

- Membership Status Changes: Brandi Norris, (503) 431-6343 or (800) 452-8260, ext. 343, bnorris@osbar.org
- Pro Bono Program Coordination: Bill Penn, (503) 431-6344 or (800) 452-8260, ext. 344, bpenn@osbar.org
- For questions regarding malpractice insurance, contact the Professional Liability Fund at (503) 639-6911 or toll-free in Oregon (800) 452-1639.



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 Active Pro Bono Membership Status

Effective Date of ACTIVE PRO BONO 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 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 or 8.2;
- I am submitting this request before January 31st**, within 30-days of my admission to the Oregon State Bar, or as otherwise allowed by the bylaws;
- I agree to provide pro bono legal services to indigent clients referred by Pro Bono Programs in Oregon certified under Section 13.2 of the Bar.
- I will not engage in the practice of law except for the provision of pro bono services specified above or in volunteer service on the SPRB, the Disciplinary Board, or as Bar counsel.
- I will obtain professional liability coverage through the Professional Liability Fund or the program referring the pro bono cases.
- Active Pro Bono membership fee of \$125 is attached**, or I have already paid my active membership fees for the current year.

Member Signature: _____ **Date:** _____

<p>Pay by Check or Pay By Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <i>(Note: The Oregon State Bar accepts only Visa and MasterCard)</i></p>
<p>Card #: _____ Expiration Date (MM/YY): _____</p>
<p>Name on Card: _____</p>
<p>Billing Address: _____</p>
<p>Amount: \$125.00 or _____</p>
<p>By my signature below, I hereby authorize Oregon State Bar to charge this Visa or MasterCard account for ACTIVE PRO BONO Membership fees, as listed above.</p>
<p>Signature: _____</p>