



Reinstatement Application

Reinstatement Fee: \$300.00 plus \$500.00 annual dues for the year of the application made, plus State/Regional assessment, if any. See Section III below.

Section I — Applicant Information (Please type or print)

Name (Mr./Ms./Mrs./Hon.) _____ Nametag preference (First name/nickname): _____

Firm or Court _____

Firm or Court Address _____

City _____ State _____ ZIP _____ E-Mail Address: _____

Phone () _____ Fax () _____

Home address _____ Home City _____ Home State _____ Home ZIP _____

Home Phone () _____ Cell Phone () _____ Preferred address for official ABOTA correspondence Office Home

Date of Birth (mm/dd/yyyy): _____ Ethnicity (optional): _____ Gender (optional): M / F _____

Section II — Reinstatement Qualifications

I hereby make application for **Reinstatement** to my prior rank of:

- Associate Advocate Diplomat

A. The year I was admitted to ABOTA: _____

B. The year my ABOTA membership was terminated: _____

C. Reason(s) my membership in ABOTA was terminated (Fully explain termination; use additional sheet if necessary):

Section III — Applicant Certification

I certify that to the best of my knowledge and belief the information presented herein and/or attached hereto is an accurate summary of my qualifications for **Reinstatement**. I understand that acceptance of my application for reinstatement will require payment of the Reinstatement Fee (\$300.00) plus annual Membership Dues (\$500.00) plus State/Regional organization assessments, if any. The National Office will advise me of the payment due.

Applicant Signature: _____ Date: _____

Section IV — Chapter Approval

As a member of the _____ Chapter Executive Committee, I hereby certify that the foregoing applicant has been approved for **Reinstatement** by the Executive Board of the local chapter

EC Member (please print): _____

Title (please print): _____

Signature: _____

Date: _____