STATE BAR OF MONTANA
ACTIVE MILITARY STATUS REQUEST FORM

This form must be completed in order to qualify for active military status.

Active Military Service Members of the State Bar of Montana are exempt from the payment of membership dues, but are required to pay court-ordered assessments, which include but are not limited to: the assessment for the Lawyers’ Fund for Client Protection, the assessment for the Office of Disciplinary Counsel and the Montana Supreme Court annual license fee. [See Bylaws Article I, Section 4(a) State Bar of Montana Bylaws]. The State Bar of Montana considers a member eligible for active military status if the member is serving on active duty or active service or working exclusively as a judge advocate in the Armed Forces of the United States.

Certification: I am applying for active military status because I am serving on active duty or active service in the Armed Forces of the United States, or because my law practice is limited exclusively to my employment as a judge advocate in the United States Armed Forces. In the event my military status changes and I am no longer eligible to enroll as an active military member as set forth above, I agree to promptly report this change to the State Bar of Montana. [Bylaws of the State Bar of Montana, Article I, §2(a)]

Full Name: _____________________________________________________________

Military Rank: __________________________________________________________

Date of Current Military Service: __________________________________________

Branch of Service: ______________________________________________________

Phone Number: __________________________________________________________

Preferred e-mail address*: ______________________________________________

Preferred Address*: _____________________________________________________

Phone Number: __________________________________________________________

*The Montana Lawyer magazine and other mailings from the State Bar will be sent to your preferred address listed above. Electronic communications will be sent to your preferred e-mail listed above.

Signature: ______________________________________________________________ Date: __________________

Please return this completed form by e-mail, fax or mail to:
State Bar of Montana
P.O. Box 577
Helena, MT 59624
E-mail: jdiveley@montanabar.org
Fax: (406) 442-7763

If you have questions or need assistance, please call (406) 442-7660.