

FORM 2.19A

APPLICATION FOR NON-PRACTISING MEMBERSHIP OR TO RESIGN MEMBERSHIP

Please note that Non-Practising Members are required to pay the annual non-practising member fee as provided for in the Rules and failure to do so may result in suspension of membership rights and privileges.

Please note that an application for resignation terminates one's membership in the Society.

Please note that an application in Form 2.21A is required should a member who has resigned wish to reinstate membership or should a member who has elected non-practising status wish to reinstate to practising status. The application, along with a letter must first be considered by the Education Committee, and the Committee may impose conditions prior to reinstatement.

1. I presently practice with or am employed by _____,
in the position of _____ (ie. sole practitioner, partner, associate or employee)

2. I, _____, hereby apply to the Society for permission to:

(a) Elect non-practising membership pursuant to section 32(1) of the *Act*.

OR

(b) Resign membership from the Society pursuant to section 30(1) of the *Act*.

I wish to take Non-Practising Membership or Resign Membership as of _____,
20____, for the following reason(s):

3. Please provide information where you may be contacted in the future:

Business Address:

Mailing: _____

Courier: _____

Telephone: _____ Fax: _____

Website: _____

Business Email: _____ Personal Email: _____

Home Address:

Telephone: _____

Email: _____

4. Please check Yes or No: **(If you answer No, please provide further details in writing)**

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | (a) All my clients' matters have been completed and disposed of, and I do not have any open or outstanding client files or matters. |
| <input type="checkbox"/> | <input type="checkbox"/> | (b) I do not hold trust funds or trust property for any client. |
| <input type="checkbox"/> | <input type="checkbox"/> | (c) All trust funds and trust property for which I am responsible have been accounted for and paid over to the person(s) entitled to them. |
| <input type="checkbox"/> | <input type="checkbox"/> | (d) I have made the following arrangements for the holding and disbursement of existing trust funds and for the continued operation, if any, of the trust accounts presently being maintained by me: |

Yes No

(e) All trust funds and trust property for which I am responsible have been accounted for and are now being held in trust by another lawyer or person to or for the benefit of the person(s) entitled. Please provide details.

(f) I have closed all trust accounts maintained by me, and I undertake not to operate or maintain a new trust account and not to operate or maintain any existing trust account except as may otherwise be authorized in writing by the Vice-President .

(g) I have not been engaged in the practice of law in Newfoundland and Labrador during the past membership year.

5. Arrangements have been made and consent has been obtained from my clients to have their ongoing files turned over to a practising member in good standing of the Law Society of Newfoundland and Labrador, namely:

Please attach a separate sheet listing your intended disposition if ongoing matters are to be distributed to various members of the Law Society of Newfoundland and Labrador.

6. Inactive client files and records and financial and accounting records, including trust accounting records, will be stored in the following location(s):

and _____

has been appointed with full power and authority to arrange for, and permit, access of clients and the Society thereto as may be required in the future.

7. I certify that the information provided herein is accurate.
8. I acknowledge that upon the approval of this application, I will no longer be insured under the professional liability insurance policy purchased by the Law Society for practising insured members.
9. I undertake to advise the Vice-President immediately of any change in the foregoing information.

Dated at _____, this _____ day of _____, 20_____.

Name of Member

Signature

***A NEW FORM MUST BE FILED IMMEDIATELY UPON A CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.**