

# CLM Retired Status Application Form

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**Please initial each page and mail, fax or email a PDF of you completed application to:**

**Mail:**  
**Association of Legal Administrators**  
**Attention: CLM Certification Center**  
**8600 W Bryn Mawr Ave, Ste 400N**  
**Chicago, IL 60631-3512**

**Fax:** 847-267-1252 / **Email:** *certification@alanet.org*.

Please initial each page before submitting completed application. \_\_\_\_\_

# CLM (Ret.) Status Application Form

## SECTION 1: APPLICANT INFORMATION

Applicant Name

ALA Member Number

Address

City/State/Zip

Phone

Email

Date of last CLM renewal

## SECTION 2: APPLICANT STATUS

I am fully retired from the legal industry (Skip to Section 3)

I am earning less than 25% of income from all work activities including consulting or freelancing.

If you are employed, please fill out the following:

Title of Present Position

Organization

Address

City/State/Zip

Phone

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### SECTION 3: ATTESTATION

In submitting this application, I fully understand that it is an application only and does not guarantee retired status. I further understand and, by my signature, attest that I endorse the goals of the ALA Code of Professional Responsibility. I further understand that any false statement or misrepresentation that I may make in the course of these proceedings and application may result in the revocation of this application.

I understand that ALA reserves the right to revise or update this application and ALA's Code of Professional Responsibility, and that it is my responsibility to be aware of these current requirements. I further understand that I am obligated to inform CLM Staff at [certification@alanet.org](mailto:certification@alanet.org) of changed circumstances that may materially affect my application. I further understand that it is my responsibility to provide any requested documentation in connection with this application.

I understand that if I am granted the CLM (Ret.) designation following acceptance of this application, such designation does not constitute a warranty or guarantee of my fitness or competency to practice as a legal executive. If I am granted the CLM (Ret.) designation, I authorize ALA to include my name in a list of certified individuals and agree to use the CLM (Ret.) designation and related trade names, trademarks, and logos only as permitted by CLM policies.

Applicant's Signature and Date

### SECTION 4: PAYMENT

Payment Type:

Check Enclosed	Visa	MasterCard
American Express	Discover	

Cardholder Name

Credit Card Account #

Expiration Date

Zip Code of Billing Address

Signature

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