THE STATE BAR OF CALIFORNIA
Member Services Center
180 Howard Street · San Francisco, CA 94105-1639
1-888-800-3400 · msc@calbar.ca.gov

Address Change Form

Member Number: _____

Member Name: _____

Firm Name: _____

Address: _____

Address: _____

City: _____ **State:** _____

Zip or Postal Code: _____ **Country:** _____

Phone: _____ **Fax:** _____

***Public e-mail:** _____

*Public e-mail addresses are posted on the State Bar Web site. ***You may leave this blank if you do not want an e-mail address to be displayed.*** Please see the State Bar Web site: calbar.ca.gov/members if you wish to provide a private e-mail address to be used only for State Bar communications.

Address change requests must be accompanied by a photocopy of one piece of identification. Accepted examples: driver's license, bar card, passport , California ID card, military ID card, birth certificate. As an alternative, you may update your address yourself, by going to the Web site at calbar.ca.gov, clicking on Member Login, and using our new service, "My State Bar Profile."

☐ Identity document attached: _____

Signature: _____ **Effective Date:** _____

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IMPORTANT NOTE: Address records maintained by the Membership Records Department are public records subject to disclosure upon request. They are posted on the State Bar's Web site.

If you submit an address change and do not receive a fee notice by January 1st of the following year, contact the Member Services Center at 1-888-800-3400.

If you are a **shareholder** of a law corporation or an **authorized partner** in a limited liability partnership (LLP) and this also constitutes an address change for the law corporation or LLP, please initial here_____

Law Corporation or LLP Name: _____
Certificate of Registration Number: _____

Fax to: (415) 538-2576

(Fax Cover Sheet NOT necessary)

FOR OFFICIAL USE ONLY
DL:_____
Bar card:_____
Passport:_____
ID card:_____
Other:_____