STATE BAR OF MICHIGAN NOMINATING PETITION

## MEMBER, REPRESENTATIVE ASSEMBLY

\_\_\_\_ JUDICIAL CIRCUIT

We, the undersigned active members of the State Bar of Michigan, having our principal offices for the practice of law within the above judicial circuit, hereby

nominate: PLEAS	E PRINT NAME	 whose principal office for the
practice of law is	located at:	ZIP

in said judicial circuit, for the office of member, Representative Assembly of the State Bar of Michigan from the said judicial circuit, to be voted on at the election

to be held therein during the year 2023.

NOTE: FIVE VALID SIGNATURES OF ACTIVE MEMBERS WITH OFFICES IN THE DISTRICT NAMED ABOVE ARE REQUIRED TO NOMINATE. THE CANDIDATE CANNOT BE ONE OF THE FIVE MEMBERS SUPPORTING HIS OR HER OWN NOMINATION. SBM WILL ACCEPT ELECTRONIC SIGNATURES AND EMAILS CONFIRMING SUPPORT OF NOMINATION IN LIEU OF PHYSICAL SIGNATURES. PLEASE VISIT THE SBM WEBSITE FOR MORE INFORMATION. PETITIONS MUST BE EMAILED TO THE STATE BAR OF MICHIGAN BETWEEN APRIL 1 AND APRIL 30. PLEASE SUBMIT BY EMAIL THE SIGNED PETITION INCLUDING FIVE SIGNATURES OR EMAIL CONFIRMATIONS TO CSHARLOW@MICHBAR.ORG. DO NOT MAIL.

P#	PRINTED NAME	PRINCIPAL OFFICE ADDRESS	SIGNATURE
1.			
2.			
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			an active member of t	he State Bar of Michigan,
PRINTED NAME OF CIRCULA	TOR		/ all delive memory of the	ie eraie zar er mienigan,
says that his/her princip	oal office address is	ADDRESS		ZIP
and he/she circulated t	ne foregoing petition,	and is well acquainted with the persons wh	nose names are thereto affixed, and such	persons signed the said petition
in his/her presence.				
Signature of Circulator	PETITIONER MAY SIGN A	GIRCULATOR		
I hereby accept the nor	nination for which this	petition is submitted.		
Candidate's Signature	SIGNATURE		DATE	