



# MEMBER PREFERENCES FORM

The State Bar of Michigan understands the importance of member privacy and has safeguards in place to protect the information you provide us. Our objective is to assure your privacy while continuing to provide you with superior benefits and services. Our Member Privacy and Website Policy describes the Bar’s efforts to meet this objective and may be viewed at [www.michbar.org/generalinfo](http://www.michbar.org/generalinfo).

This form is designed to give you the opportunity to “opt out” of mailings. This form must be completed and returned to the Bar before your record will be changed. The preferences you provide on this form will supersede previous preferences submitted to the Bar. If you have any questions, please call 888-SBM-ForU (888-726-3678).

## Communication Preferences

► *Bar Journal Preferences (choose only one):*

- Mail all issues of the Michigan Bar Journal and Directory
- Mail only the Michigan Bar Journal, I prefer accessing the online Directory
- Mail the Directory issue only
- Do not mail any issues of the Michigan Bar Journal or Directory, I prefer reading both online

► *Member Directory Listing Preference (print AND online):*

- Publish my e-mail address in the directory **OR**  Do not publish my e-mail address in the directory

The State Bar of Michigan is sensitive to the safety and security concerns of our members. If you wish to withhold publication of your contact information from the SBM print and online directories, you must submit a Limited Directory Listing Request Form, which may be viewed at [www.michbar.org/generalinfo/pdfs/Limited\\_form.pdf](http://www.michbar.org/generalinfo/pdfs/Limited_form.pdf).

► *Dues Statement Preferences:*

- Do not mail me a dues invoice, I prefer to pay my dues online **OR**  Mail my dues invoice

## Privacy Preferences (may choose more than one)

- Do not send any information from Non-Affiliated Parties (Non-endorsed commercial companies/entities)
- Do not send any information regarding State Bar Affiliated Partners (Endorsed programs: car rental discounts, office supplies, insurance, delivery services, travel, etc.)

Name: \_\_\_\_\_ P Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Please return completed and signed form by fax to (517) 372-1139, or by e-mail to [SBM4U@mail.michbar.org](mailto:SBM4U@mail.michbar.org), or mail to State Bar of Michigan, Attn Member Services, 306 Townsend Street, Lansing, MI 48933-2012.**