



CONTACT INFORMATION CHANGE FORM

Important note: PO Box addresses require you to provide a physical address per Rule 2 Membership of the Supreme Court Rules Concerning the State Bar of Michigan. The rule states: *If the address provided is a mailing address only, the member also must provide a street or building address for the member’s business or residence. No member shall practice law in this state until such information has been provided.*

PRIMARY CONTACT INFORMATION

Name: _____
(Please Print)

P#: _____
(Required)

Signature: _____
(Required)

Firm Name: _____

Address: _____

Work Phone #: _____

Fax #: _____

E-mail: _____

Web Address: _____

- Use primary address for preferred mailing address Yes No
- Use primary address for preferred billing address Yes No
- Use primary address for directory listing Yes No

SECONDARY CONTACT INFORMATION

Name: _____

Address: _____

- Keep secondary address confidential? Yes No
- Use secondary address for preferred mailing address Yes No
- Use secondary address for preferred billing address Yes No
- Use secondary address for directory listing Yes No

MEMBER DIRECTORY LISTING PREFERENCES:

- List all my contact information as provided to the State Bar
(Name, address, P#, work phone, Fax, e-mail, and website)
- Limited Print Directory Listing (Name and P# only)
- Limited Online Directory Listing (Name and P# only)

RETURN INFORMATION BY FAX OR MAIL

Fax to: (517) 372-1139

Mail to: State Bar of Michigan
Attn: Member Services
306 Townsend Street
Lansing, MI 48933-2012

QUESTIONS: (888) SBM-ForU or (888) 726-3678