

## PETITION TO RETURN TO ACTIVE STATUS

Name \_\_\_\_\_ P# \_\_\_\_\_

I request a return to ACTIVE status in the State Bar of Michigan. I agree my effective date will be October 1 of the current fiscal year or on the date of this petition, whichever is later.

**Important: If you have been classified as INACTIVE for three years or more, you must obtain a certificate of recertification from the Board of Law Examiners.** (For more information on recertification, contact the Board of Law Examiners at (517) 373-4453).

My signature below attests that while my law license has been Inactive, I have not practiced law in Michigan and have not been subject to disciplinary action in any other jurisdiction.

The information provided below and your name and P number will be posted in the online Member Directory. (For information regarding a Limited Directory Listing, contact us at 888-726-3678 or visit us at [http://www.michbar.org/generalinfo/pdfs/Limited\\_form.pdf](http://www.michbar.org/generalinfo/pdfs/Limited_form.pdf))

Firm/Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of Member)

Please see the dues instructions to determine your active payment amount or contact the State Bar of Michigan at 517-346-6377.

Return this completed form with your invoice and payment (credit card, or check payable to the State Bar of Michigan) to the Finance Department (address on letterhead.) Send faxes to 517-372-5921.

Please complete if using a credit card to pay your active dues:

- VISA                      Card Number: \_\_\_\_\_
- MasterCard              Expiration Date: \_\_\_\_\_ CSC code \_\_\_\_\_
- Amount authorized\* \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature of credit card holder \_\_\_\_\_

\*Mathematical errors will be corrected