

CONTACT INFORMATION UPDATE

Bar Number:		Effective Date:
Name:		
Prefix/Title:		
Name Change: <small style="color: red;">*Must provide verification of name change*</small> <small>Copy of: marriage license, State ID/Driver license, Court Order</small>		
Firm/Company:		
Address:		
City, State, Zip:		
Telephone:		
Fax:		
E-mail:		
Jurisdiction: <small style="color: red;">**Admission date and status**</small>		
Publish Address? <small>(Online Directory)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Publish Phone? <small>(Online Directory)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Publish E-mail? <small>(Online Directory)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Submitted by:		Date:

Fax: 602-271-4930 or Mail: your written request, including the required verification to:

State Bar of Arizona
 Attn: Resource Center
 4201 N. 24th St., Suite 100
 Phoenix, AZ 85016