



THE STATE BAR OF CALIFORNIA
Member Services Center
180 Howard Street · San Francisco, CA 94105-1617
(888) 800-3400
Fax form to: (415) 538-2361

FOR OFFICIAL STATE BAR USE ONLY

Amt Rcvd \$ _____
 ___ Check # _____
 ___ Credit Card
 ___ No Payment Rcvd
 ___ Over 70
 Initials: _____

Request to Transfer to Active Status – Page 1 of 2

1) MEMBER INFORMATION

NOTE: Only members on voluntary INACTIVE status may transfer to ACTIVE status

Member Name: _____ Member Number: _____

E-Mail: _____ Phone Number: _____

I hereby request that I be enrolled as an ACTIVE member of the State Bar of California in accordance with Rule 2.31, Division 3, Title Two of the Rules of the State Bar of California

Status change will be effective upon the State Bar’s receipt of this form and payment of the current year’s Active fees in full. Note: Even if you are transferring to Active status on the last day of the current year, you will be required to pay full Active fees for this year. *If you would like your status change to be effective on a future date, please indicate below. (Status changes cannot be back-dated.)*

Signature:

Date Executed: _____

Future Effective Date: _____
(if applicable)

2) NOTES

To verify your status has been changed to Active, please go to www.calbar.ca.gov and use the [Attorney Search](#) feature to review your public profile.

This form must include the signature of the member and the appropriate fee. (Call the Member Services Center at 1-888-800-3400 for fee information.)

If your address of record is also changing, please log on to [‘My State Bar Profile’](#) and update your profile online. *(Please note that regardless of your member status, your address of record is considered part of your public record and will be disclosed upon request. It is also available on the State Bar’s website.)*

Once your status has been changed to Active and your payment has been posted, a paper bar card will be available to download or print through "My State Bar Profile" on the State Bar's Website. A plastic bar card indicating your new status will not be issued automatically. If you require a new plastic bar card, please check the box below, and a new bar card will be sent to you at your address of record.

I request a plastic bar card indicating Active status.

Continue to Page 2 for Payment and Submission information...



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RE: Member Name: _____	Member Number: _____
E-Mail: _____	Phone Number: _____

3) PAYMENT INFORMATION

Contact the Member Services Center at 1-888-800-3400 for fee information. Please Note: For credit card payment, a processing fee of 2.25% on mandatory fees will be added.

Pay by Check: Enclosed is my check, payable to the State Bar of California, for **ACTIVE** Membership fees.

Pay By Credit Card Visa MasterCard (Note: The State Bar accepts only Visa and MasterCard)

Credit Card #: _____ - _____ - _____ Expiration Date (MM/YY): _____ / _____

Credit Card Security Code: _____

Name on Card: _____

Billing Address: _____

Amount \$ _____ Note: For credit card payment, a 2.25% processing fee will be added.

By my signature below, I hereby authorize The State Bar of California to charge this Visa or MasterCard account for **ACTIVE** membership fees plus the credit card processing fee, as listed above.

Signature:

Date:

4) SUBMISSION INFORMATION

MAIL FORM TO:

The State Bar of California
 Office of Finance
 180 Howard Street
 San Francisco, CA 94105

OR

FAX FORM TO:

(415) 538-2361