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## **Address Change Form**

## Out-of-State Attorney Registered In-House Counsel Program Out-of-State Registered Legal Services Attorney Program

Registration	on Number:		
Registrant			
Firm Nam	e:		
Address:			
City:		State:	Zip:
Daytime P	Phone:	Fax:	
*Public e-r	mail:		
address to	mail addresses are posted on the State of be displayed. Please see the State E be used only for State Bar communication	Bar website: calbar.ca.gov/members	
	s change requests must be accompaned examples: driver's license, bar card		
Identity do	ocument attached:		
Print Nam	e:		
Signature:		Effective Date:	
	egistered In-House Counsel and/or region subject to disclosure upon reques		
employm	t notify the State Bar of California ent during the period of time y ed Legal Services Attorney.		
FAX TO:	(213) 765-1544		
	The State Bar of California Office of Admissions MJP Program 845 S. Figueroa Street Los Angeles, CA 90017-2515		FOR OFFICIAL USE ONLY  DL: Bar card: Passport: ID card: Other: