



THE STATE BAR OF CALIFORNIA
Member Services Center
 180 Howard Street · San Francisco, CA 94105-1617
 (888) 800-3400 · msc@calbar.ca.gov

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 INACTIVE members 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

Signature:

Effective Date: _____

Status change will be effective upon receipt of this form (or the effective date listed above, whichever date is later) and payment in full (see page 2 for payment information).

2) NOTES

The Application 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 and is also available on the State Bar's website.)

A bar card indicating your new status will be sent to you at your address of record.

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



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Request to Transfer to Active Status – Page 2 of 2

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

3) PAYMENT INFORMATION

- Pay by Check:** Enclosed is my check, payable to the State Bar of California, for **ACTIVE** Membership fees.
 (Contact the Member Services Center at 1-888-800-3400 for fee information.)
- Pay By Credit Card** Visa MasterCard (Note: The State Bar accepts only Visa and MasterCard)

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

Name on Card: _____

Billing Address: _____

Amount \$ _____

By my signature below, I hereby authorize The State Bar of California to charge this Visa or MasterCard account for ACTIVE Membership fees, as listed above.

Signature: Date: _____

4) SUBMISSION INFORMATION

MAIL FORM TO:

The State Bar of California
 Membership Billing
 180 Howard Street
 San Francisco, CA 94105

OR

FAX FORM TO:

(415) 538-2361

OR

EMAIL FORM TO:

msc@calbar.ca.gov