

MEMBERSHIP INFORMATION UPDATE FORM COMPLETE ENTIRE FORM TO ASSURE THAT ALL INFORMATION IS CURRENT

Fax to: Membership Dept. (504) 566-0930
or
Mail to: Membership Dept.
Louisiana State Bar Association
601 St. Charles Avenue
New Orleans, LA 70130-3404

BAR ROLL NO.: _____

NAME Please Print:

 (Last Name) (Suffix, if applicable) (First Name) (Middle Name)

NAME CHANGE Please Print (Complete only for a name change and provide legal documentation in support of the request):

 (Last Name) (Suffix, if applicable) (First Name) (Middle Name)

- ▶ **Supreme Court Rule XIX requires that each attorney provide both a physical Office and a physical Residence address.**
- ▶ **Supreme Court Rule XIX also requires that you provide an Office email address.**

A member may object to the use of any portion of the member's bar dues for activities he or she considers inconsistent with constitutional standards. Member objections must be filed within 45 days of the date of the Bar's publication of notice of the activity to which the member is objecting. Details on the objection, refund, and arbitration procedures are set forth in Article XII of the LSBA By-Laws and <https://www.lsba.org/members/MemberDues.aspx>.

PRIMARY REGISTRATION STATEMENT ADDRESS (PUBLIC RECORD) - Provide a Physical Street Address only
Do not provide a Post Office Box

ADDRESS: _____

CITY/STATE/ZIP: _____

PRIMARY ADDRESS ABOVE IS: _____ Office _____ Residence

PHONE: _____ - _____ - _____ FAX: _____ - _____ - _____

SECONDARY REGISTRATION STATEMENT ADDRESS (NOT PUBLIC RECORD) - Provide a Physical Street Address only
Do not provide a Post Office Box

ADDRESS: _____

CITY/STATE/ZIP: _____

SECONDARY ADDRESS ABOVE IS: _____ Office _____ Residence

PHONE: _____ - _____ - _____ FAX: _____ - _____ - _____

E-MAIL ADDRESS SERVICE EMAIL: _____
 OFFICE (PUBLIC): _____ RESIDENCE (NOT PUBLIC): _____ WEBSITE: _____
NOTE: LASC Rule XIX Section 8 Each lawyer shall also include an office email address on the registration statement for service of process. (amended effective July 1, 2021)

Please indicate your preferred mailing address (choose only one)*:

_____ **PRIMARY REGISTRATION STATEMENT ADDRESS** (as indicated above)

_____ **SECONDARY REGISTRATION STATEMENT ADDRESS** (as indicated above)

_____ **OTHER** - If you prefer to receive your mail at a PO Box or at a Physical Street Address that is different from your Primary or Secondary Address, provide address here: _____

 City State Zip

* If you do not indicate a preferred mailing address your primary registration statement address will be your preferred mailing address.

FIRM OR EMPLOYER: _____

CHECK HERE IF YOU DO NOT CURRENTLY HAVE AN OFFICE ADDRESS AND PROVIDE AN EXPLANATION BELOW:
