\_P#\_\_\_

Name\_\_

## **REQUEST TO CHANGE TO ACTIVE STATUS**

I request to change my status	with the State Bar of Michiga	n from inactive status	to active status.
		Michigan for a consec	cutive period of less than three years.
I understand that the effective	date of the status change will	be the date that this	request, with payment, is processed.
Pursuant to Rule 3(B)(2), if recertification from the <u>Boar</u>		three years or more, 3	you must obtain a certificate of
Your name, P-number, and the State Bar of Michigan approve		•	ine Member Directory, unless the
Firm/Company			
Address			
City	State	Zip	
Telephone	Fax		
E-Mail			
Date:			
(Signature of Member)			
Please ret	turn the completed form to $\underline{S}$		org or to:
	State Bar of M	ıchıgan	

Once we receive the completed form, we will contact you to complete the payment.

Attn: Finance 306 Townsend St. Lansing, MI 48933

If you have any questions, please contact us at (517) 346-6377.