

**NEW YORK STATE BAR ASSOCIATION
OFFICE OF BAR SERVICES
2015 -2016**

**WOULD YOU PLEASE ASSIST US?
(Please type or print if possible.)**

Please use this form only to indicate your changes. Your form may be returned via e-mail to: bdonlon@nysba.org. Thank you for your cooperation.

Name of Bar Association: _____

Date officers will change: MO ____ DAY ____ YR ____

BAR Judicial District _____

Are elections held annually? If not, please specify: _____

Number of members (Please give exact number if possible): _____

Name of President: _____

From-to dates of service: _____
Month Day Year Month Day Year

Firm: _____

Address: _____

City, State & Zip: _____

Phone/Fax: _(____)_____ Fax (____)_____

E-Mail Address: _____

Name of President-Elect: _____

From-to dates of service: _____
Month Day Year Month Day Year

Firm: _____

Address: _____

City, State & Zip: _____

Phone/Fax: _(____)_____ Fax (____)_____

E-Mail Address: _____

Name of Vice-President: _____

From-to dates of service: _____
Month Day Year Month Day Year

Firm: _____

Address: _____

City, State & Zip: _____

Phone/Fax: _____(____)_____ **Fax** _____(____)_____

E-Mail Address: _____

Name of Bar Executive or Administrator: _____

Firm: _____

**Month/Day/Year
Appointed:** _____

Address: _____

City, State & Zip: _____

Phone/Fax: _____(____)_____ **Fax** _____(____)_____

E-Mail Address: _____

If your Association has its own address, please list it here.

Web address: _____

Does your association publish a newsletter? _____YES _____NO

Name & phone number of individual filling out form. PLEASE PRINT

Contact Bridget Donlon in Bar Services at (518) 487-5541 or e-mail bdonlon@nysba.org if you have any questions.