

NEW YORK STATE BAR ASSOCIATION
OFFICE OF BAR SERVICES

BAR ASSOCIATION LEADERSHIP UPDATE FORM
(Please type or print.)

Please use this form to indicate information changes within your bar association.
Complete and return via e-mail to: mwilson@nysba.org. Thank you for your assistance.

Name of Bar Association: _____

Date officers will change: MO ____ DAY ____ YR ____

Judicial District in which association is located _____

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: _____

Address: _____

City _____ **State** _____ **Zip** _____

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

E-Mail Address: _____

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

Web address: _____

Does your association publish a newsletter? YES _____ NO _____

Are you an accredited CLE provider? YES _____ NO _____

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

Contact Mark Wilson in Bar Services at (518) 487-5540 | mwilson@nysba.org with questions.