NEW YORK STATE BAR ASSOCIATION OFFICE OF BAR SERVICES 2014 -2015

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: <u>bdonlon@nysba.org</u>. 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: _____ _(___)____Fax_(___)____ **Phone/Fax: E-Mail Address:** Name of President-Elect: From-to dates of service: Day Year Month Month Day Year Firm: Address: City, State & Zip: _____ _(___)____Fax_(___)____ **Phone/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:	_()		F	Fax_()		
E-Mail Address: ********************	 ********	******	*****	*******	*****	*****
Name of Bar Executive or	r Administi	<u>rator</u> :				
Firm:						
Month/Day/Year Appointed:						
Address:						
City, State & Zip:						
Phone/Fax:	_()		F	Fax_()		
E-Mail Address:						
If your Association l	has its ov	vn addr	ess, plea	se list it he	re.	
Web addres	SS:					
Does your association j	publish a r	newslette	er?	YES		_NO
Name & phone number o	f individua	l filling o	ut form. P	LEASE PRIN	T	

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