

Name/Address Change

The New Hampshire Supreme Court Rule 42(XIV) states "All persons admitted to practice law shall notify the New Hampshire Bar Association immediately...of all changes of residence address and address of principal office."

1 Member Information

Effective Date of Change: _____ / _____ / _____ ** We will use date of receipt unless you specify a future date. Please allow up to one week for your online directory listing to be updated.*

Name: _____ Member ID#: _____

New Name (if applicable): _____

2 Select a Primary Contact Information

Primary contact information is used to indicate your preference for how the NHBA contacts you. Please choose where you would like us to direct the following:

Mail: Firm Home | **Phone:** Firm Home Work Cell Personal Cell | **Email:** Firm Home

3 Firm/Business Information

***If you operate your law practice out of your home and do not maintain separate contact information, see the Authorization to Release Home Contact Information section below.**

Type of Business: *(please choose one)* Corporation Government Educator Law Firm
 Non-Profit Not Employed Not Practicing Sole Practitioner

Firm/Business Name: _____

Street: _____ Suite # _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Direct Line: (_____) _____ - _____

Fax: (_____) _____ - _____ Firm/Work Email: _____

Authorization to Release Home Information (For Home Office Firms)

Your home contact information is confidential unless you expressly authorize its release. If you would like your home address to be listed on the NHBA Member Directory (print and online) **and** distributed to members of the public who contact us to inquire how to reach you, please indicate your authorization by signing below.

***By signing below, you are authorizing us to release your home address and phone number for the purposes above.**

Signature: _____ Date Signed: _____ / _____ / _____

4 Home Address Information

Street: _____ Apt # _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Personal Cell Phone: (_____) _____ - _____

Home/Personal Email: _____

Please direct this form and/or any questions to Susan Lakeway, New Hampshire Bar Association Member Records Coordinator.