

Copy of Past Bar Application Request Form



***This request form is for bar members only.
New applicants please contact the Admissions Department for a copy of your application.***

Bar No. _____ Date Requested: _____

Full Legal Name: _____

Mail to Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Date of Birth: _____

E-mail: _____

Signature: _____

Payment Information:

- Copy of past application \$25 per request - processing time is 7-10 days.
- Expedite: add \$10 per application - processing time is 24 - 36 hrs.
- Pay by Check: Make check payable to the State Bar of Nevada.

Shipment Method:

- Will Pick Up
- E-mail application
- Please mail my application(s).
- Please send my application(s) by overnight mail and bill my FedEx account:
Account #: _____

Fax Request To:
(If paying by check & picking up)
Membership Department
702-382-2075

Or Mail To:
State Bar of Nevada
Membership Department
Attn: Suzanne Walters
PO Box 50
Las Vegas, NV 89125-0050

Questions:
Suzanne Walters
702-317-1430
suzanne@nvbar.org