



ADMISSIONS APPLICATION
ORDER FORM
(\$50.00)

Please submit the request form and payment to the State Bar of Nevada at P.O. Box 50, Las Vegas, NV 89125. Please make checks payable to the State Bar of Nevada.

PLEASE NOTE: You must provide all of the information requested. Thank you!

Date Requested:

Attorney Student

EXAM: Feb Jul YEAR: _____

Name (Legal):

First

Last

Middle

Mailing Address:

Home Phone:

Work Phone:

Method of Payment:

Cash

Check

Credit Card

Credit Card:

Visa

MasterCard

Am Ex

Discover

Account Number:

Exp. Date:

Shipping Method:

FedX Ground
(\$5.00)

FedX 2nd Day
(\$20.00)

FedX Next Day
(\$35.00)

..... for office use only

Tracking #:

Date Sent:

Processed By:

Shipping Cost: _____

Fee: _____

Total Charge: _____