FOR OFFICIAL USE ONLY	
RCVD\$:	

State Bar of Nevada Membership Department 600 E. Charleston Blvd. Las Vegas Nevada, NV 89104-1563 702-317-1430 – suzannew@nvbar.org



Copy of Past Bar Application Request Form

(Please Note: 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 Name (Legal): _	
Mail to Address:	
_	
-	
-	
Phone: ()	E-mail:
Signature:	
oignataro	
Payment Informatio	n:
☐ Copy of Past Applic	cation (\$25) per request - processing time is within 7-10 days of receipt.
☐ Expedite (\$10) <i>per</i>	application - processing time is within 24 - 36 hrs. of receipt.
☐ Pay by Check: Mak	se check payable to (The State Bar of Nevada).
Shipment Information	on
☐ MAIL (Complete the	e send to information)
☐ WILL PICK UP	
☐ FEDEX application	and charge my FedEx account. (Please indicate delivery service type)
FedEx Account #	:

Mail To:

State Bar of Nevada Membership Department Attn: Suzanne Walters P.O. Box 50 Las Vegas, NV 89125-0050