

FOR OFFICIAL USE ONLY

STATE BAR OF NEVADA

Member Services

3100 W. Charleston Blvd., Suite 100

Las Vegas, NV 89102

(702) 382-2200 or memberservices@nvbar.org



Voluntary Request for SCR 98.7 Transfer to Active Status

Transfers from January 1 – March 1: \$40 CLE fee must be paid to SBN.

Transfers from March 2 – October 31: \$40 CLE fee must be paid to the CLE Board.

Transfers from November 1 – December 31: contact SBN prior to submitting.

This form is not to be used to update your contact information. A **change of address form** is available on the *Library of Forms* page of our website at www.nvbar.org.

Bar No.: _____ Member Name: _____

Phone Number: _____ E-mail: _____

SCR 79 Address: _____

City: _____, State: _____ Zip: _____

I hereby request that I be enrolled as an ACTIVE member of the State Bar of Nevada in accordance with SCR98.7 effective ____ / ____ / _____. Status change will not be effective until receipt of this form, payment in full and all required disclosures have been submitted.

Payment of \$1 registration fee, full annual membership fee for an active member, and applicable CLE fee for the current calendar year less any license fee paid as an inactive member for such year is required.

Requirements:

- I have contacted the CLE Board to ensure I am in compliance, 775-329-4443.
- Enclosed is my check, payable to the State Bar of Nevada, or I have paid via credit card.
- Enclosed is my [trust account reporting form](#) (Certification of Compliance and Consent).
- Enclosed is my [insurance disclosure](#).
- Enclosed is my [Change of Address](#) form or I have updated my contact information online.

Signature (Signature stamps will not be accepted.)

Date