

**MEMBER ENROLLMENT FORM  
STATE BAR OF MONTANA**

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The By-Laws of the State Bar of Montana require each new attorney to enroll by registering with the State Bar and filing the information requested on this form. *Please provide the following information as you want it to appear in State Bar records, publication in the annual Lawyers' Deskbook & Directory and mailings.\**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Firm/Organization Name: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Fax: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

*\*Attorneys are responsible for providing the Bar office with any changes to their contact information. Log in at [www.montanabar.org](http://www.montanabar.org) and choose Edit Bio or provide notice in writing.*

Date of Admission to State Bar of Montana (if known): \_\_\_\_\_

Date of Admission to other State(s): \_\_\_\_\_

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Particulars regarding any previous suspension or revocation of right to practice law in any state or country:

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Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

If above space is inadequate, please use the reverse side for additional data.

**Please return by email, fax or mail to:**

State Bar of Montana

P.O. Box 577

Helena, MT 59624 Phone: 406/442-7660 or Fax: 406/442-7763

[jdiveley@montanabar.org](mailto:jdiveley@montanabar.org)