



# Firm/Organization Change

The New Hampshire Supreme Court Rule 42(XIV) states "All persons admitted to practice law shall notify the New Hampshire Bar Association immediately...of all changes of residence address and address of principal office."

If you need to add / modify personal information please go to [www.nhbar.org](http://www.nhbar.org).

## 1 Member Information

Effective Date of Change: \_\_\_\_\_

*\* We will use date of receipt unless you specify a future date.*

*Please allow up to one week for your online directory listing to be updated.*

Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

New Name (if applicable): \_\_\_\_\_

## 2 Select a Primary Contact Information

Primary contact information is used to indicate your preference for how the NHBA and the NH Supreme Court contacts you. Please choose one mail, one phone and one email contact below.

**Mail:**  Firm  Home | **Phone:**  Firm  Home  Work Cell  Personal Cell | **Email:**  Firm  Home

## 3 Firm/Business Information

**\*If you operate your law practice out of your home and do not maintain separate contact information, see the Authorization to Release Home Contact Information section below.**

Type of Business: *(please choose one)*  Corporation  Government  Educator  Law Firm  
 Non-Profit  Not Employed  Not Practicing  Sole Practitioner

Firm/Business Name: \_\_\_\_\_

Street: \_\_\_\_\_ Suite # \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Fax: \_\_\_\_\_ Firm/Work Email: \_\_\_\_\_

## 4 Home Office Information

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Home/Personal Email: \_\_\_\_\_

### For Home Office Firms: Authorization to Release Home Information

**Your home contact information is confidential unless you expressly authorize its release.**

If you would like your home address to be listed on the NHBA Member Directory (print and online) **and** distributed to members of the public who contact us to inquire how to reach you, please indicate your authorization by signing below.

**\*By signing below, you are authorizing us to release your home address and phone number for the purpose above.**

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_