



Notice of Application to Return to Active Status from Emeritus Status

Date _____

Bar Roll Number: _____

Attorney Name: _____

Attorney Address: _____

REQUEST TO TRANSFER TO ACTIVE STATUS FROM EMERITUS STATUS

I, _____, would like to request transfer to Active Status from Emeritus Status effective _____.

I understand that I must file my updated Attorney Registration Statement, pay the remaining balance of annual dues and assessment for the current fiscal year, continue to comply with my continuing legal education and trust account requirements to return to Active status and remain Eligible in good standing.

Attorney Signature (Required - no changes will be made if not signed)

Date Submitted

Print Full Name

Bar Roll Number

Submit Form one of the following three ways:

- a. Email to processing@lsba.org
- b. Fax to 504-566-0930
- c. Mail to: Louisiana State Bar Association
Attn: Fee Processing
601 Saint Charles Avenue
New Orleans, LA 70130