



REQUEST FOR STATUS CHANGE

RESIGNATION TO ACTIVE MEMBERSHIP STATUS

(Applicable only if status change is requested within two years of date of resignation)

Ariz. R. Sup. Ct. Rule 32 and 62 extracts:

1. Resigned persons may be reinstated to membership in the same manner as members summarily suspended, governed by the procedures set forth in Rule 64.
2. Documentation and fees required are:
 - i) Payment of fees, assessments and administrative costs the resigned person would have been required to pay had the applicant remained an active member to the date of this application, plus the reinstatement fee, and applicable delinquency or late fees;
 - ii) Proof of completion of CLE the person would have been required to take had the applicant remained an active member to the date of the application. Capped at two years' worth, i.e., 30 hours in total of which 6 are ethics. Or, if admitted elsewhere, statement of MCLE compliance from that jurisdiction.
3. Resigned persons who return to active status shall comply with the educational requirements of section (a) of this rule in effect for the educational year in which such transfer occurs.

Continuation Pages

1. MCLE Affidavit
2. Credit Card Authorization for Retroactive Dues, Late Filing Fee, and Reinstatement Fee

SUBMIT all documents, including this page, to:

State Bar of Arizona
MCLE Department
PO Box 842699
Los Angeles, CA 90084-2699



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Please print

Name			Bar No
Firm			
Address			
City		State	Zip
Tel		Email	

List the CLE hours you have completed to satisfy requirements for return to active status from resignation. Add continuation pages if necessary.

Attach certificates of attendance or completion for all events.

If claiming MCLE compliance in another jurisdiction, do not list events. In lieu of, attach an original and currently dated statement from that jurisdiction affirming your current compliance.

<u>Date</u>	<u>Title of CLE Event</u>	<u>Provider</u>	<u>Total CLE Hrs</u>	<u>of which x hrs are Ethics</u>	<u>Type of CLE</u>

Total Hours: _____ of which _____ are ethics.

Signature: _____ **Date:** _____



CREDIT CARD AUTHORIZATION

For payment of	Membership Dues – Resigned to Active Status	
	Active Fees	
	Reinstatement Fee	
	Late Fees	
	MCLE Late Filing Fees	
Name		
Bar Number		
Firm Name		
Address		
City, State, Zip		
Telephone #		
Credit Card Number	For your security, do not complete this box. MCLE or Membership Records will contact you at the time of processing	
Expiration Date		
Cardholder's Name		
Credit Card Billing Address (if different from address above)		
City, State, Zip		
Amount		