



## Letter of Good Standing Request Form

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Name: \_\_\_\_\_  
Bar Number: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

*\*Is this a new address for you?* Yes \_\_\_\_\_ No \_\_\_\_\_

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Please indicate which method(s) you prefer to receive the Letter of Good Standing:

Mail \_\_\_\_\_ How many originals? \_\_\_\_\_

Email \_\_\_\_\_ Email delivery address? \_\_\_\_\_

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If you need the Letter of Good Standing mailed to an *alternate address*, please list below:

Company: \_\_\_\_\_

Attention: \_\_\_\_\_

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

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

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Please allow 2 business days for processing.

Email this completed form to [membership@msbar.org](mailto:membership@msbar.org)