

SANTA CLARA COUNTY LEGAL PROFESSIONALS ASSOCIATION  
MEMBER CHANGE OF INFORMATION FORM

Please mail change form to:  
**Santa Clara County Legal Professionals Association**  
**Post Office Box 90509**  
**San Jose, CA 95109**

\_\_\_\_\_  
[Print Full Name]

Birthday:     Month \_\_\_\_\_ Day \_\_\_\_\_

Change of Address:

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Change of Employment Information:

New Firm Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Field of Law [Specialty] \_\_\_\_\_

Preferred Mailing Address:   Business: \_\_\_\_\_   Residence: \_\_\_\_\_