

**8<sup>TH</sup> CIRCUIT ATTORNEY RE-REGISTRATION**

**Full Name:** \_\_\_\_\_  
Last First Middle

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

**Office Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**MAKE CHECK PAYABLE IN THE AMOUNT OF \$10.00 to  
ATTORNEY ADMISSION FEE**