



**THE STATE BAR OF CALIFORNIA
OFFICE OF ADMISSIONS/MCLE PROVIDER CERTIFICATION**

180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300

**MCLE PROVIDER CERTIFICATION
CREDIT CARD AUTHORIZATION FORM**

Date: _____

I authorize the State Bar of California to charge my credit card for \$ _____

Please check which fee you are paying:

- Single Activity Provider Application
- Multiple Activity Provider Application
- Multiple Activity Provider Renewal

(This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to MCLE Provider Certification.)

Credit Card Number: _____

Credit Card Security Code: _____ Expiration Date: _____
Month/Year

Check Credit Card Type: Master Card Visa

Name: _____

Address: _____

Foreign Address (if applicable): _____

City, State, Zip: _____

Signature of Card Holder: _____

Name of Provider: _____
(Please Print)

E-Mail: _____

Telephone #: _____

Please submit to: The State Bar of California
Office of Admissions
MCLE Provider Certification
180 Howard Street
San Francisco, CA 94105-1617