State Bar of Georgia

MAIL TO:
State Bar of Georgia: Membership Dept.
104 Marietta Street, Suite 100
Atlanta, GA 30303-2743

Office Use:
Bar Number:_____

ADMISSION BY EXAM

MEMBERSHIP ENROLLMENT FORM

Select Only One Status:

☐ Active Instate Resident
☐ 2-Day Exam-attach TILPP Enrollment Form ☐ 1-Day Exam-attach TILPP Exemption Affidavit

☐ Active Non Resident/ *Exemption Affidavit Required* ☐ Inactive/ *TILPP Not Required* ☐ Foreign Law Consultant/ *Exemption Affidavit Required*

SS#_____/____/_____Full Name (Circle Mr. or Ms.):_____

Employer Name: _____

Address: _____
Street Suite No. City State Zip Code County

_____
P.O. Box City State Zip Code County

Telephone: ____/_____ Fax: _____/_____

E-mail Address: _____ Date of Birth: **(Required)**_____

Admission to Practice in Georgia: (Superior & all Lower Courts) Law School:_____

Date Sworn In:_____ _____Year Graduated:_____
(Location of Law School)

Bar Exam Date:_____(month/yr.)

Home Address: _____
Street Apt #

[If no employer address, the home address will be utilized.] _____
City State Zip Code County

Home Telephone: _____ Cell/ Mobile: _____

Other Email:_____

List other states and the dates admitted: (**ex: CA96**)_____

Enrollment Package Checklist:

- ✓ Membership Enrollment Form
- ✓ Oath and Order with Original Seal (gold certificate for framing not acceptable)
- ✓ TILPP Form (Active Status Only)
- ✓ Dues Notice
- ✓ Check or Money Order
- ✓ Late Enrollment Affidavit and late fee if enrolling over 60 days after being sworn in
- ✓ Legal document that changed your name if it has changed since the Bar Exam

Please help us expedite your enrollment by not using staples and not including your Bar Admissions Certificate of Eligibility.

Original Signature and Date: _____ (BLUE INK IS PREFERRED).

DISABILITY: To receive printed materials in alternative format, contact the ADA Coordinator at: (404) 527-8700 or (800) 334-6865.