



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

Office Use:
Bar Number: \_\_\_\_\_

ADMISSION ON MOTION

MEMBERSHIP ENROLLMENT FORM

Select: [ ]Active [ ]Inactive [ ]Foreign Law Consultant

Note: New Members admitted on Motion are exempt from the Transition Into Law Practice Program. However you must complete and return the Exemption Affidavit.

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)

Date Certified by Office of Bar Admissions : (month/yr)

Home Address: [If no employer address, the home address will be utilized.] Street Apt # 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 Exemption Form
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).