



STATE BAR OF GEORGIA
MEMBERSHIP
104 MARIETTA STREET
SUITE 100
ATLANTA GA 30303

REQUEST FOR NAME CHANGE -- FAX FORMS TO (404) 527-8747

Please be advised that the following attorney has changed their name.

Bar Number _____

Current name on Bar Membership Records _____

Please change the current name on Bar Membership Records to reflect the new name below (**copy of legal document that changed name must be provided**).

New Name _____

Address _____

City _____ State _____ Zip _____

Office Telephone Number _____

Home Telephone Number _____

Email _____

Check below if this also reflects a change of address.

The above also reflects a change of address.

Please make the above referenced change in my records. If you have any further questions regarding this matter please call me at _____.

(Sign name here)

(Date)

Questions: Call (404) 527-8777 or email membership@gabar.org