



Bar Number: \_\_\_\_\_  
(office use only)

EMAIL TO: [Membership@gabar.org](mailto:Membership@gabar.org)

OR

MAIL TO;  
State Bar of Georgia  
PO Box 102540  
Atlanta GA 30368-2054  
(Check Payments)

**PROVISIONAL MEMBER  
ENROLLMENT FORM  
Effective June 1, 2020**

- Include Declaration of Qualifications from Supervising Lawyer
- Copy of oath to be provided by Office of Bar Admissions
- Include check for \$127 or if paying by credit card we will call you for the card number

Full Name: (Circle Mr. or Ms.) \_\_\_\_\_ Informal Name: \_\_\_\_\_

Social Security No. (first 5 digits): \_\_\_\_\_ / \_\_\_\_\_ Date of Birth (Required): \_\_\_\_\_ Date Oath Executed: \_\_\_\_\_

Law School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

List other states and dates admitted (ex: CA96): \_\_\_\_\_

If admitted in another state, are you ineligible for admission upon motion without examination In Georgia?  Yes  No  
(See Part C of the Rules Governing Admission to the Practice of Law.)

Supervising Lawyer Name: \_\_\_\_\_ Supervising Lawyer Bar Number: \_\_\_\_\_

**Official Contact Information**—Unless otherwise indicated below, this information will be published in the printed membership directory or online.

Do not publish my official address in the printed directory or online

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Suite City State Zip Code County

P.O. Box City State Zip Code County

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Personal Contact Information**—If no official contact information is listed, home address will be utilized as official address and will be published, unless otherwise indicated below.

Do not publish my home address in the printed directory or online

Home Address: \_\_\_\_\_  
Street Apt # City State Zip Code County

Home Phone: \_\_\_\_\_ Other Email: \_\_\_\_\_ Cell: \_\_\_\_\_