State Bar of Georgia

Bar Number: _____
(office use only)

Mail To: Membership Department, 104 Marietta Street NW Suite 100, Atlanta, GA 30303

MEMBERSHIP ENROLLMENT FORM

Select One Status:

☐ Active ☐ Inactive ☐ Foreign Law Consultant

Full Name: (Circle Mr. or Ms.) _____ Informal Name:_____

Social Security No. (first 5 digits): _____/_____ Date of Birth (Required): _____ Date Sworn In: _____

Law School: _____ Year Graduated: _____ County Sworn In: _____

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

Previous members of the State Bar of Georgia, please include Bar Number: _____

Official Contact Information—*Unless otherwise indicated below, this information will be published online.*

Do not publish my official address online ☐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 online, unless otherwise indicated below.*

Do not publish my home address online ☐

Home Address: _____
Street Apt # City State Zip Code County

Home Phone: _____ Other Email: _____ Cell: _____

Publication Preferences

How would you like to receive the *Georgia Bar Journal*? Electronically ☐ Printed ☐

How would you like to receive the License Fee Notice? Electronically ☐ Printed ☐

Enrollment Checklist:

- ✓ **Membership Enrollment Form**
- ✓ **Oath and Order with Original Seal** (if not provided electronically by the Clerk)
- ✓ **License Fee notice with Check, Money Order, or Credit Card**
- ✓ **Late Enrollment Affidavit and late fee if enrolling more than 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.

See Rule 1-207 for change of address requirements. Updates can be made online at www.gabar.org