

To submit enrollment documents, please follow instructions found under items necessary for enrollment on our website.

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 Do not publish my official address online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 Do not publish my home address online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