



State Bar of Georgia

Bar Number: _____
(office use only)

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

ADMISSION ON MOTION MEMBERSHIP ENROLLMENT FORM

Select One Status: (TILPP Exemption Affidavit Required)

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Do not publish my official address in the printed directory or online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Do not publish my home address in the printed directory or online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

Publication Preferences

- | | | |
|--|---|----------------------------------|
| How would you like to receive the <i>Georgia Bar Journal</i> ? | Electronically <input type="checkbox"/> | Printed <input type="checkbox"/> |
| How would you like to receive <i>The YLD Review</i> ? | Electronically <input type="checkbox"/> | Printed <input type="checkbox"/> |
| How would you like to receive CLE offerings from ICLE? | Electronically <input type="checkbox"/> | Printed <input type="checkbox"/> |
| How would you like to receive the State Bar Election Ballot? | Electronically <input type="checkbox"/> | Printed <input type="checkbox"/> |
| How would you like to receive the Membership Dues Notice? | Electronically <input type="checkbox"/> | Printed <input type="checkbox"/> |

Enrollment Checklist:

- Membership Enrollment Form
- Oath and Order with Original Seal (if not provided electronically by the Clerk)
- TILPP Enrollment form or Exemption Affidavit
- Dues 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 Membership at: (404) 527-8777.

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