



Bar Number: _____
(office use only)

EMAIL TO: 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 \$132 or if paying by credit card we will call you for the card number

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Do not publish my official address in the printed directory or online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Do not publish my home address in the printed directory or online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