

AUGUSTA BAR ASSOCIATION

Augusta, Georgia

MEMBERSHIP APPLICATION

Office Use Only
Date Received
Dues
Pro Rated Yes No
Date Approved

Law I IIII	:								_			
Business A	Ado	lress	:									
Business Phone:				Fax:								
E-Mail A	ddr	ess:										
-		-	n Bar Association primarily ou may not receive pertinent			-	-					
			certify that I am a member i regularly practice in the Au	_		_	r of C	eorg	gia (Bar No)			
					S	ignature:						
I,above-nar	ned	atto	, am a mem	ibe	r of Augi	the Augusta Bar Association.	ciatio	n ar	nd hereby nominate the			
						ignature:						
	rea	(s): ((please check all that apply	y)								
Practice A)	Contracts	()	General Practice	()	Products Liability			
Practice A	(`	Corporate & Business	()	Insurance Defense	()	Real Estate/Property			
	()			`	I 1 0 F 1	()	Social Security			
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IMPORTANT NOTE:

All information provided above, except for your bar number, will appear in the Member Directory on our website, unless you specifically ask that something not be included.