



AUGUSTA BAR ASSOCIATION
Augusta, Georgia

**MEMBERSHIP
APPLICATION**

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

Name: _____

Law Firm: _____

Business Address: _____

Business Phone: _____ Fax: _____

E-Mail Address: _____

[Note: The Augusta Bar Association primarily uses e-mail to keep its members informed of upcoming events and announcements. You may not receive pertinent information if you fail to provide a working email address.]

By my signature, I certify that I am a member in good standing of the State Bar of Georgia (Bar No. _____) and that I reside or regularly practice in the Augusta Judicial Circuit.

Signature: _____

I, _____, am a member of the Augusta Bar Association and hereby nominate the above-named attorney for membership in the Augusta Bar Association.

Signature: _____

Practice Area(s): (please check all that apply)

- | | | | |
|-------------------------|-------------------------------|--------------------------|----------------------------|
| Adoption () | Contracts () | General Practice () | Products Liability () |
| Auto Accidents () | Corporate & Business () | Insurance Defense () | Real Estate/Property () |
| Bankruptcy () | Creditors' Rights () | Labor & Employment () | Social Security () |
| Civil Rights () | Criminal Defense () | Mediation () | Taxation () |
| Condemnation () | Divorce/Child Custody () | Medical Malpractice () | Wills/Trusts & Estates () |
| Construction Law () | Employment Discrimination () | Patents & Copyrights () | Workers Compensation () |
| Consumer Protection () | Environmental Law () | Personal Injury () | Wrongful Death () |

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.