



Cobb County Bar Association Membership Application

Office Use Only	
Date received	_____
Check #	_____
Dues	_____
Pro rated	Yes ___ No ___
Date approved	_____
Good standing: date	_____

Please completely fill out application. Please print or type. For active membership, one must be a member of the State Bar of Georgia and either maintain his or her principal law office in Cobb County, reside in Cobb County, or have significant practice within Cobb County, and further be approved by the Board of Trustees.

Section I. Personal Information

Name: _____
Last First Middle

Name that you want to be called by: _____ Date of Birth _____

Law Firm: _____

Business Address: _____
Street Suite
P.O. Box for mail City Zip (nine digit)

Business Phone: _____ Fax: _____ E-Mail: _____

If Married, Spouse's Name: _____

Home Address: _____
Street City Zip

Emergency Number and Contact Person: _____

Please check the one of the following

- I am a resident of Cobb County
- My Principal office is in Cobb County
- I have a significant practice in Cobb County

Section II Bar Information

Please check the following if applicable:

- I am admitted to practice in Georgia Court of Appeals.
- I am admitted to practice in Federal District Court.
- I am a member of the State Bar of Georgia. **Bar Number:** _____

College and Law School Attended:	Degree:	Date Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Areas of Concentration in your Practice: _____

Section III References

You must list two active (2) Cobb County Bar Association members for references.

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Please return application, a recent photograph (if available) for the Cobb County Pictorial Directory and check/credit card payment payable to:

**Cobb County Bar Association,
Superior Court Building,
30 Waddell Street, Suite 601,
Marietta, GA 30090**

*If you have questions about completing this application,
please call the Bar office at 770-424-2947.*

Credit Card Information

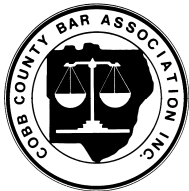
Circle One: Visa Mastercard Discover American Express

Card Number: _____ Exp. Date: _____

CVR No (6 digit number above your signature line in bold): _____

Name on Card: _____

Billing Address: _____



Cobb County Bar Association

Subsection Membership Application

(Please check off any section(s) you would like to join)

Family Law Section (\$25.00) _____

Cobb County Trial Lawyers (one time only fee) (\$50.00) _____

Younger Lawyers Section (\$35.00) _____

Criminal Lawyers Section (\$25.00) _____

Elder Law Section (\$25.00) _____

Solo/Small Firm Section (\$25.00) _____

Business Law & Litigation Section (\$45.00) _____

Full Name: _____

Firm/Company: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

Biographical Information

Birthday: _____ Date admitted to the BAR: _____

Undergraduate School: _____

Law School: _____

Bar Number: _____

Concentration Areas: _____

For additional information or should you have any further questions please feel free to contact:

Terri Sapp, Executive Director – 770.424.2947

Please mail application and check to:

Cobb County Bar Association,

30 Waddell St., Suite 601,

Marietta, Georgia, 30090