

SSBA MEMBERSHIP APPLICATION

www.sandyspringsbar.org

Date: _____ New Member _____ Renewal _____

Name: _____
(first) (middle) (last)

Firm Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Areas of Practice: _____

Undergrad: _____ Law School: _____ Year: _____

Other Professional Affiliations: _____

Committees of Interest (please circle): Membership Social Website
Law Day/Festival Community Service P.R.

Hobbies/Activities: _____

Family: _____

What People Don't Know About You: _____

Mail to the Sandy Springs Bar Association, c/o Joe Nagel, Esq., Hoffman & Associates
6100 Lake Forrest Drive, Suite 300, Atlanta, GA 30328. Membership dues are \$70.