



Membership Application

April 1, 2016 – March 31, 2017

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.

Membership Dues are \$175.00

First Name	Middle Name	Last Name	Suffix
Gender	Date of Birth	Bar Number	Law Firm
Business Address		City	State Zip Code
Business Phone	Fax	E-Mail	
Emergency Number and Contact Person			
College	Degree	Law School	Graduation Date
Areas of Concentration in your Practice			

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

- Name _____ Phone _____
Address _____
- Name _____ Phone _____
Address _____

Please check one of the following:

- I am admitted to practice in Georgia Court of Appeals.
- I am admitted to practice in Federal District Court.
- I am a member in good standing of the State Bar of Georgia.

Bar Information

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

Sections Dues (Optional)

- Bankruptcy Section (\$25.00)
- Business Law & Litigation Section (\$45.00)
- Cobb County Trial Lawyers (one time only fee) (\$50.00)
- Criminal Lawyers Section (\$25.00)
- Elder Law Section (\$25.00)
- Family Law Section (\$25.00)
- Solo/Small Firm Section (\$25.00)
- Women of the Bar (\$25.00)
- Younger Lawyers Section (\$35.00)

Lawyer Referral Service (Optional)
(Application below)

- Two areas of practice (\$50.00)
- Each additional area of practice is an extra (\$25.00)

Membership Dues: 175.00

Sections Dues:

Lawyer Referral Service:

Total Dues:

Payment Type	Credit Card	Check payable to Cobb County Bar Association
Cardholder Name	Billing Address _____	
Amex	Mastercard	Visa Discover
Zip Code _____	Exp. Date _____	CVC# _____
Creditcard # _____		

Please mail or fax application and payment information to:

Cobb County Bar Association 70 Haynes Street, Suite 2006 Marietta, GA 30090 Fax: 770-424-6299

The Cobb County Bar Association estimates that approximately 5% of your annual dues will be used to support the CCBA's Community Service Fund and its charitable activities, therefore 95% of your annual dues may be deductible as an ordinary business expense. Charitable donations are not generally deductible as an ordinary business expense, but may be still deductible by you as an individual. Please consult with your tax professional for more information. (See IRS Publication 535 (2014) - Business Expenses



Lawyer Referral Service (Optional)

Must be submitted annually and each section must be completed in full.

AREA OF PRACTICE LISTINGS:

Please check two (2) of the boxes listed below for the \$50.00 fee. Each additional area of practice checked is an extra \$25.00.

- | | |
|--|---|
| Adoption | Franchise |
| Alternative Dispute Resolution/Mediation | Home Owners Assoc./Condo Associations |
| Appeals/Criminal and Civil | Immigration Law |
| Auto Consumer | Insurance Law |
| Bankruptcy and Debtor Relief | Landlord/Tenant |
| Business Litigation | Medical Malpractice |
| Civil (General) | Military Law |
| Civil Defense | Personal Injury/Auto Accidents/Wrongful Death |
| Civil Rights | Probate |
| Collections | Probate Dispute |
| Consumer | Product Liability |
| Contracts | Real Estate Dispute |
| Criminal Law/DUI/Traffic/Juvenile | Real Estate/Foreclosure/Zoning |
| Construction Law | Social Security |
| Divorce/Family Law/Child Custody | Disability |
| Education Law | Trademark/Patents/Intellectual Property |
| Elder Law | Tax Law |
| Employment/Employment Discrimination/ | Veteran's Law |
| Unemployment Appeals | Wills/Estates/Probate |
| Environmental Law | Worker's Compensation |
| | Zoning |

Other/clarification:

Insurance Certification: I hereby certify that I am covered by an Errors and Omissions Policy of Insurance with limits of not less than \$100,000.00/\$300,000.00.

First Name _____ Last Name _____
 Name of Insurance _____ Policy Number _____
 Renewal Date _____ Company Limits _____
 Other languages _____

I have read and agree to abide by the rules of the Cobb County Bar Association and Lawyer Referral Service. Signature of Applicant _____ Date _____

Payment Type Credit Card Check payable to Cobb County Bar Association

Cardholder Name _____ Billing Address _____
 Amex Mastercard Visa Discover Billing Zip Code _____ Exp. Date _____ CVC# _____
 Creditcard # _____

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