Southern Society of Adventist Attorneys Membership Information

Practicing Attorney 🗆 Law Student 🗆 Change of Address 🗆

Information will be used for mailing purposes, referrals and JD Directory listings. Please return the form through: PO Box 923868, Norcross, GA 30010 or Fax:770-408-1811

| Personal Information | We will not print this information in the directory or list it online. | | | | | | |
|---|--|--|--------|----------|------|--|--|
| Name, First | Last | | | | | | |
| Home Address | | | | | | | |
| Home Auress | | | | | | | |
| City | | State | | Zip | | | |
| | | | | r | | | |
| Home Telephone | | Personal e-mail address | | | | | |
| | | | | | | | |
| Home Church | | Conference (check only one) \Box Carolina \Box Florida | | | | | |
| | □ Georgia-Cumberland □ Gulf States □ Ky-Tn | | | | | | |
| | \Box S. Atlantic \Box S. Central \Box Southeastern | | | | | | |
| I prefer my mail to come to my Name of Spouse | | | | | | | |
| Home D Office D | | | | | | | |
| Undergraduate College/University | | | Degree | | Year | | |
| | | | | | | | |

Business Information

| This information will be printed in the directory and available online to members only. | | | | | | | | | |
|---|------|-------------|-----------|--------------------|-----------|--|--|--|--|
| Firm of Title | | | | | | | | | |
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| Address | | | | | | | | | |
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| City | | | State | | Zip | | | | |
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| Phone Fax | | | Firm Webs | | e Address | | | | |
| 1 none | 1 ax | | | Filli websit | e Address | | | | |
| | | | | | | | | | |
| * Private Line or Extension | | Work e-mail | | | | | | | |
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| | | | | | | | | | |
| Law School | | | | Year completed JD: | | | | | |
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| | | | | | | | | | |
| Jurisdiction of Practice | | | | Year Admitted: | | | | | |
| | | | | | | | | | |
| Type of Practice (family, corporate, probate, etc.) | | | | | | | | | |
| | | | | | | | | | |

* Will not be printed or listed for viewing.