Southern Society of Adventist Attorneys Membership Information

We are updating our SSAA list and directory. Information provided will be used for mailing purposes, referrals, and JD Directory listings only.

Practicing Attorney Law Student [☐ Cl	hange of Addres	ss 🗆	Retir	ed 🗆	Currently Not Pract	icing
Personal Information We w	will not p	rint this inform	nation	in the dir	ectory o	r on any online platfo	rm.
Name, First	Last						
Home Address							
City	State				Zip		
Home Telephone	Personal	Personal e-mail address					
Home Church	□ Georgi	Conference (check only one) □ Carolina □ Florida □ Georgia-Cumberland □ Gulf States □ Ky-Tn □ S. Atlantic □ S. Central □ Southeastern					
I prefer my mail to come to my		Name of Spouse					
Home □ Office □							
Undergraduate College/University			Degree			Year	
Business Information This information will be printed in the directory and/or available online to members only.							
**Firm of Title							
Address							
City			State Zip			Zip	
Phone	Fax		Firm Website Address				
* Private Line or Extension	Work e-mail	e-mail					
Law School				Year completed JD:			
Jurisdiction of Practice				Year Admitted:			
Type of Practice (family, corporate, probate, etc.)							

* Will not be printed or listed for viewing. **If retired, please check the box at the top of form. If mailing the form, please return to: PO Box 923868, Peachtree Corners, GA 30010-3868

Scan QR code with your telephone for electronic form



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