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		_					rently Not Practicing	
Personal Information We	will not	print this inforn	nation	in the direc	ctory (or on any	y online platform.	
Name, First	t							
Home Address								
City	State							
Home Telephone	Personal	Personal e-mail address						
Home Church	□ Georgia	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 □		TValle of S	spouse					
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 '	Firm Website Address				
* Private Line or Extension Work e-mai				.1				
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

Submit to RL Email