



DEKALB LAWYERS ASSOCIATION

Annual Membership
"Continuing The Legacy"

MEMBERSHIP APPLICATION

() New Member

() Returning Member

() Regular (Attorneys, Judicial) \$65

() Associate (Non-Lawyer) \$30

() Law Student \$20

Name: _____

Firm/Company/Agency: _____

Office Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address: _____

(If different from above)

City: _____ **State:** _____ **Zip:** _____

PRIMARY FIELD OF PRACTICE/PROFESSION: _____

Law School Attended: _____ Year Admitted to GA Bar: _____

CONTACT INFORMATION:

Office: _____ **Mobile:** _____

Fax: _____ **Home:** _____

Email Address: _____

Spouse's Name: _____

- I am willing to serve on the planning committee for the DLA Annual Scholarship Breakfast.
- I am willing to make a donation to the DLA Scholarship Fund in the amount of: _____.
- I am willing to make a donation to the DLA Community & Education Fund in the amount of: _____.
- I am willing to serve on the Publicity/Special Events Committee.
- I am willing to participate in community service events.
- I am willing to serve as a volunteer attorney coach for the High School Mock Trial Program.
- I am willing to serve on the Legal Education Committee.
- I am willing to serve on the Membership Committee.
- I am willing to mentor a law student or new lawyer in my practice area.
- I am willing to serve in the following capacity: _____.

PLEASE MAIL FORM & CHECK TO: **DeKalb Lawyers Association**
P.O. Box 2403
Decatur, Georgia 30031-2403

MEMBER NUMBER: _____