BLUE RIDGE BAR ASSOCIATION
2017-2018 MEMBERSHIP APPLICATION

CONTACT INFORMATION

Name:_____

Name that you want to be called: _____

Address: _____
P.O. Box or Number, Street, Suite City ZIP

Phone number: _____ Email address: _____

WEBLINK

- ❑ Link my business website address with my name on the member list on www.blueridgebar.org. I will pay $15.00 for this link to be active for one year.

  Website: _____

Please note: BRBA can only link one web address to your name. BRBA reserves the right to refuse to link certain addresses that are not owned by members or are otherwise inappropriate.

PAYMENT

Dues are $110.00 per person. Optional weblink is an additional $15.00.

Total amount enclosed $_____

By signing below, I certify that I am an active member in good standing with the State Bar of Georgia.

Signature: _____ Date: _____

Please return this form and payment to P.O. Box 342, Canton, GA 30169
Checks shall be made payable to "Blue Ridge Bar Association"

BLUE RIDGE BAR ASSOCIATION
2017-2018 MEMBER PRACTICE AREA REQUEST

CONTACT INFORMATION

Name:_____

Business Name: _____

Address: _____
P.O. Box or Number, Street, Suite City ZIP

Contact number: _____ Email address: _____

Website:
_____

Information you wish to share on Practice Area Page:

□ Name □ Business Name □ Address
□ Phone Number □ Email Address □ Website

REFERRALS

❑ Include me on the Blue Ridge Bar Association's Website under the Member Practice Area Section. I would like to be referred for issues in these areas ($5 per section):

□ Adoption □ Appellate: ◇Civil ◇Criminal □ Bankruptcy and Debt Relief
□ Business/Corporate □ Collections □ Construction
□ Contracts □ Criminal □ Domestic/Juvenile
□ Education □ Elder Law □ Employment
□ Environmental □ Federal Litigation □ Immigration
□ Intellectual Property □ Landlord/Tenant □ Medical Malpractice
□ Personal Injury □ Product Liability □ Real Estate/Foreclosure
□ Social Security Disability □ Tax □ Wills/Estates/Probate

PAYMENT

Total amount enclosed ($5.00 x _____ sections) $_____

Signature: _____ Date: _____

Please return this form and payment to P.O. Box 342, Canton, GA 30169
Checks shall be made payable to "Blue Ridge Bar Association"