

**GWINNETT COUNTY MINORITY BAR ASSOCIATION  
2008 MEMBERSHIP APPLICATION  
P.O. Box 124  
Lawrenceville, GA 30046**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_ Cell No. \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer/Office Environment: \_\_\_\_\_ Month of Birth: \_\_\_\_\_

**Please indicate your practice areas:**

Select up to three areas of practice. (These will be placed on the web-site/ paper directory and used for our attorney referral service)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Administrative Law    | <input type="checkbox"/> Adoption              | <input type="checkbox"/> ADR                   | <input type="checkbox"/> Bankruptcy           |
| <input type="checkbox"/> Business and Finance  | <input type="checkbox"/> Civil Rights          | <input type="checkbox"/> Community Assn        | <input type="checkbox"/> Construction         |
| <input type="checkbox"/> In-House Counsel      | <input type="checkbox"/> Criminal Defense      | <input type="checkbox"/> Criminal Prosecution  | <input type="checkbox"/> Education            |
| <input type="checkbox"/> Entertainment         | <input type="checkbox"/> Environmental         | <input type="checkbox"/> Estate Planning       | <input type="checkbox"/> Family               |
| <input type="checkbox"/> Government Agency     | <input type="checkbox"/> Healthcare            | <input type="checkbox"/> Immigration           | <input type="checkbox"/> Insurance Defense    |
| <input type="checkbox"/> International         | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Juvenile              | <input type="checkbox"/> Labor and Employment |
| <input type="checkbox"/> Litigation: _____     | <input type="checkbox"/> Military/Veterans     | <input type="checkbox"/> Municipal Law         | <input type="checkbox"/> Personal Injury      |
| <input type="checkbox"/> Product Liability (P) | <input type="checkbox"/> Product Liability (D) | <input type="checkbox"/> Public Interest       | <input type="checkbox"/> Public Housing       |
| <input type="checkbox"/> Real Estate           | <input type="checkbox"/> Securities            | <input type="checkbox"/> Social Security       | <input type="checkbox"/> State Bar Defense    |
| <input type="checkbox"/> Taxation              | <input type="checkbox"/> Technology            | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Zoning & Land Use    |

Other Area of Practice: \_\_\_\_\_

***Committees: I would like to serve on the following committee(s) (please circle):***

Membership / Communications / Education / Fundraising / Community / Election/ Social

***I cannot work on a committee but I would like to support GCMBA by:***

- Providing my home for an event     Providing refreshments for a meeting     Planning a meeting  
 Writing an article for the newsletter     Providing a donation of \$\_\_\_\_\_

***I agree that I shall fully and faithfully abide by the Bylaws and Rules of the Gwinnett County Minority Bar Association and the State Bar of Georgia.***

\_\_\_\_\_  
Signature

Membership in the GCMBA is open to attorneys, paralegals, legal assistants, and investigators. Checks must be made payable to Gwinnett County Minority Bar Association. The completed application and dues can be mailed to GCMBA, P.O. Box 124, Lawrenceville, GA 30046.