



State Bar of Georgia Diversity Program

Invoice for 2009 Program Year

December 9, 2008

Payment for companies and firms:

Companies and firms with 30 or more attorneys	\$1500
Companies and firms with 10-29 attorneys	\$800
Companies and firms with 2-9 attorneys	\$350
Solo practioners	\$150

Amount due _____ Amount enclosed \$ _____

THANK YOU!

2009 Membership Dues
(Tax ID #58-0939623)

(1/09-12/09)

Save this portion for your records.

Send this portion with your payment.

STATE BAR OF GEORGIA DIVERSITY PROGRAM Payment for 2009 Program Year

Name of company or firm representative _____

Name of company or firm _____

Address _____

City _____ Zip _____

I enclose a check money order in the amount of \$_____.

Please make payable to State Bar of Georgia and memo mark Georgia Diversity Program; mail to State Bar of Georgia, Attn: Sharon Bryant, 104 Marietta St. NW, Suite 100, Atlanta, GA 30303.

Please bill my VISA MasterCard AmEx \$_____.

Complete information below.

Account number _____ Exp. Date ____ / ____

Name (as it appears on card) _____

Billing address (if different than above) _____

City _____ Zip _____

Signature _____