



GUAM BAR ASSOCIATION
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LAWYER REFERRAL SERVICE
Attorney Registration Form

Member Name (Please print clearly): _____

Mailing Address: _____

City: _____ State: _____

Zip or Postal Code: _____ Country: _____

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COURTS ADMITTED TO PRACTICE BEFORE: _____

As an active member in good standing of the Guam Bar Association, I request to be identified and participate as a member of the Guam Bar Association LAWYER REFERRAL SERVICE in the following categories or areas of practice:

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I understand that the above information will be made available to and in the interest of the public as a service of the Guam Bar Association and that I am responsible for notifying the Guam Bar Association LAWYER REFERRAL SERVICE of any changes of address, contact or consultation to persons seeking counsel through the LAWYER REFERRAL SERVICE .

Signature:

Date: