



BERMUDA BAR ASSOCIATION

NEW MEMBER ACTIVATION, OR CHANGE IN DETAILS FORM

NEW MEMBER **CHANGE IN DETAILS**

CONTACT DETAILS:

Title (Mr. Ms. Mrs. etc)

Full name:

Job title:

Company/Law firm name:

Company/Law firm address:

Main telephone #:

Direct line #:

Cell #:

***Home #:**

Work email:

***Personal email:**

BAR ADMISSION/REGISTRATION DETAILS:

If applicable, place and date of first call to the Bar:

Date of Bermuda call to the Bar:

Bermuda Roll #:

If applicable, Registered Associate #:

Kindly scan and submit to the Bermuda Bar Office bdabar@logic.bm

***Items marked with an asterix symbol are optional.**

Office Location:
2nd Floor, S. E. Pearman Building
9 Par-La-Ville Road
Hamilton HM 11
Bermuda

Mailing Address:
P.O. Box HM 125
Hamilton HM AX
Bermuda

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