

# Prosecuting Attorneys' Council of Georgia



## Municipal Court/Probate Court Prosecutor Registration Form

(PLEASE PRINT)

NAME:

Mailing Address:

City:

State:

Zip:

Physical Address:

City:

State:

Zip:

Phone :

Fax:

E-Mail Address:

Please check one of the following: Full-time                      Part-time  
If part-time is selected, please provide the following: Other Type(s) of Legal Practice (list  
all that apply):

**Submit completed forms via e-mail to [info@pacga.org](mailto:info@pacga.org) or via fax 404-969-0020.  
Please complete one (1) registration form per registrant.**