

GUAM BAR ASSOCIATION

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Member Name (Please print clearly):	-
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Zip or Postal Code:	Country:
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City:	State:
Zip or Postal Code:	Country:
Phone: ()	Fax: ()
*Public E-mail: (Optional):	
*Public e-mail addresses are posted on the Guam Bar V address displayed.	Web Site. You may leave this blank if you do not want an e-mail
Signature:	Effective Date:
IMPORTANT NOTE: Address records maintained by the Guam Bar Association are public records subject to disclosure upon request. They are posted on the Guam Bar Association's Website. If you submit a Change of Mailing Address Form and do not receive an annual fee notice and registration form by January 1 st of the following year, please contact the Guam Bar Association at (671) 475-3396.	
f you are a <u>shareholder</u> of a law corporation or an <u>author</u> constitutes an address change for the Law Corporation of	orized partner in a limited partnership (LLP) and this also or LLP, please initial here
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