



BERMUDA BAR ASSOCIATION

NEW MEMBER ACTIVATION, OR CHANGE IN DETAILS FORM

NEW MEMBER **CHANGE IN DETAILS**

CONTACT DETAILS:

Full name: _____

Job title: _____

Company/Law firm name & address: _____

Main telephone #: _____

Direct line #: _____

Cell #: _____

Work email: _____

***Home #:** _____

***Personal email:** _____

BAR ADMISSION / REGISTRATION DETAILS:

If applicable, place & 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, Swan Building
26 Victoria Street
Hamilton HM 12
Bermuda

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

Telephone & Fax
Tel: 441-295-4540
Fax: 441-295-9880
Email: bdabar@logic.bm
Web: www.bermudabar.org