

# 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  
770-282-6368. Please complete one (1) registration form per registrant.