

READMISSION FORM
U.S. Court of Appeals for the Eleventh Circuit

Members of the bar of this Court are required to pay a readmission fee of \$10 every five years [11th Cir. R. 46-1(b)]. On or before the fifth anniversary of your admission* (and each five years thereafter), please complete and return this form accompanied by the \$10 fee. Make check payable to "U.S. Court of Appeals, Non-Appropriated Fund, 11th Circuit," and send to: Attorney Admissions Clerk, U.S. Court of Appeals, Eleventh Circuit, 56 Forsyth Street, N.W., Atlanta, GA 30303.

Signature: _____ Social Security No.: _____

Name (Type or Print): _____ Phone: _____

Former Name**: _____ Fax: _____

Firm/Govt. Office: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

* Please see schedule set forth in 11th Cir. R. 46-1(b) if you were admitted prior to April 1, 1989.

**If changed since your admission to the bar.