



SOUTH CAROLINA COMMISSION ON LAWYER CONDUCT
1015 SUMTER STREET, SUITE 305
COLUMBIA, SOUTH CAROLINA 29201
PHONE: (803)734-2037
FAX: (803)734-0363

PUBLIC MEMBER APPLICATION FORM

INSTRUCTIONS:

Please provide complete and accurate answers. Please type or print legibly in ink. Forward the completed application form to the above address.

PERSONAL INFORMATION:

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Home Telephone: _____ Business Telephone: _____

Fax Number: _____ Cell Phone: _____

Email Address: _____

How long have you been a S.C. Resident? _____

EDUCATION AND EXPERIENCE: (If resume attached, it is not necessary to complete items A-D of this section)

A. Degree Attained:

B. Educational Institution:

C. Other Educational Information (use additional paper if necessary):

D. Employment History – paid, unpaid or voluntary (use additional paper if necessary):

REFERENCES:

A. Name: _____
Address: _____

Telephone Number: _____

B. Name: _____
Address: _____

Telephone Number: _____

REASON FOR APPLYING FOR THIS POSITION (use additional paper if necessary):

Certification: I affirm the information I have entered on this application is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the application, it may be rejected or I may be removed from the position. I agree that the Commission may contact persons who know me to obtain additional information about my skills and abilities. I understand that the information on this application is public information and may be released through a legal request for such information.

Signature (in ink): _____ **Date:** _____

*** All applicants are subject to a criminal background check by the South Carolina Law Enforcement Division**