



Louisiana[®]
State Bar
Association

Serving the Public. Serving the Profession.

Mentor Registration
**Transition Into Practice (TIP)
Voluntary Mentoring Program**

Attorney Name _____

Bar Roll Number _____

Law Firm (if applicable) _____

Mailing Address _____

City/State/Zip _____

Office Phone _____

Cell Phone _____

Fax _____

Email _____

Judicial District _____

Areas of Practice _____

Complete the form and:

- Submit online or email this form to brooke.theobold@lsba.org
- Download the completed form, print and mail or fax the form to:

Brooke Theobold / Professional Programs
Louisiana State Bar Association
601 St. Charles Ave.
New Orleans, LA 70130-3404
Fax (504)598-6753