

**Virginia State Bar
Litigation Section Membership Enrollment Form**

First Name:	<input style="width: 100%;" type="text"/>
Last Name:	<input style="width: 100%;" type="text"/>
VSB Identification Number:	<input style="width: 100%;" type="text"/>
Firm/Employer:	<input style="width: 100%;" type="text"/>
Official Address of Record:	
Street:	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
City:	<input style="width: 100%;" type="text"/>
State:	<input style="width: 100%;" type="text" value="VA"/>
Zip Code:	<input style="width: 100%;" type="text"/>
Telephone:	<input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>
Facsimile:	<input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>

Please complete, print, and mail the form above with a \$15 check for your dues payment. Please send checks made payable to the Virginia State Bar to:

**Virginia State Bar
Attention: Membership Department
Eighth & Main Building, 15th Floor
707 East Main Street
Richmond, VA 23219-2800**

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