

**VIRGINIA STATE BAR  
ADDRESS UPDATE FORM  
1111 East Main Street, Suite 700  
Richmond, VA 23219-3565  
Telephone: (804) 775-0530 Fax: (804) 775-0544 Email: [membership@vsb.org](mailto:membership@vsb.org)  
Membership/VA RESA (CRESA) only**

Please use this form to update your official address of record or VA RESA (CRESA) address and mail it to the **Membership Department of the Virginia State Bar, Suite 700, 1111 East Main Street, Richmond VA 23219-3565**. Each member shall submit in writing to the **membership department** of the Virginia State Bar an address of record which will be used for all membership and regulatory purposes, including official mailings and notices of disciplinary proceedings. If a member's address of record is a PO Box, the member must submit in writing to the membership department an alternate address where process can be served. The alternate address is personal information and *shall not be disclosed* pursuant to Section 2.2-3704, *Code of Virginia*. **Members have a duty promptly to notify the membership department in writing of any changes in either the address of record or any alternate address.**

NAME: \_\_\_\_\_ Bar #: \_\_\_\_\_

(1) **OFFICIAL ADDRESS AND TELEPHONE OF RECORD: (This is public information and is subject to FOIA.):**  
**Please check whether address is ( ) Business or ( ) Home.**

\_\_\_\_\_  
Firm (if applicable)

\_\_\_\_\_  
Address (If PO Box, you must give alternate (physical) address in (2).)

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Check one: ( ) Business ( ) Home ( ) Cell

Email address: \_\_\_\_\_ ( ) Business ( ) Home  
 Pursuant to VA Code § 2.2-3705.1, I request that the VSB not disclose my email address.

(2) **OFFICIAL ALTERNATE ADDRESS: Please check whether address is ( ) Business or ( ) Home.**

\_\_\_\_\_  
Firm (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Check one: ( ) Business ( ) Home ( ) Cell

Email address: \_\_\_\_\_

(3) **If registered as a lawyer settlement agent under CRESA, what is the preferred address? (This is public information and is subject to FOIA.)**

\_\_\_\_\_  
Firm (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Check one: ( ) Business ( ) Home ( ) Cell

\_\_\_\_\_  
Signature of Member (Required)

\_\_\_\_\_  
Date