

VIRGINIA STATE BAR
ADDRESS UPDATE FORM
707 East Main Street, Suite 1500
Richmond, VA 23219-2800
Membership PHONE (804) 775-0530
Membership/CRESPA (only) FAX (804) 775-0554

Please use this form to update your official address of record or CRESPA address and mail it to the **Membership Department of the Virginia State Bar, Suite 1500, 707 East Main Street, Richmond VA 23219-2800**. 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 not a physical address where process can be served, 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

PLEASE CHECK HERE TO USE ONLY YOUR PO BOX AS YOUR OFFICIAL ADDRESS OF RECORD

- (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 **CRESPA**, 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