

**VIRGINIA STATE BAR
ADDRESS UPDATE FORM
1111 East Main Street, Suite 700
Richmond, VA 23219-0026**

Telephone: (804) 775-0530 Fax: (804) 775-0501 Email: membership@vsb.org

Please use this form to update your official address of record or VA RESA (CRESPA) address and mail it to the **Membership Department of the Virginia State Bar, Suite 700, 1111 East Main Street, Richmond VA 23219-0026**. *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 **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