



Make check drawn on a U.S. bank payable in U.S. dollars to Treasurer of Virginia (Fed. ID#54-6001810). Individual Attorneys may pay online.
 PLEASE SEE ENCLOSED INSTRUCTION SHEET.

July 31: Deadline for Receipt
August 1: \$50.00 Late Dues Fee Assessed
 \$50.00 Late PL Certification Fee Assessed
 \$50.00 CPF Late Fee Assessed
October 11: Deadline for Administrative Suspension

2. VOLUNTARY SECTION DUES
 Your current section enrollments are shown with an X. Any sections for which you have pre-paid are shown with a P. Please indicate any sections you wish to add by checking the appropriate box.

| Lock Box Code | Section Code | Dues | Section |
|--------------------------|--------------|------|------------------------|
| <input type="checkbox"/> | 1 AD | \$20 | Administrative Law |
| <input type="checkbox"/> | 2 AN | \$10 | Antitrust Law |
| <input type="checkbox"/> | 3 BK | \$20 | Bankruptcy Law |
| <input type="checkbox"/> | 4 BU | \$10 | Business Law |
| <input type="checkbox"/> | 5 CN | \$20 | Construction Law |
| <input type="checkbox"/> | 6 CC | \$20 | Corporate Counsel |
| <input type="checkbox"/> | 7 CR | \$20 | Criminal Law |
| <input type="checkbox"/> | 8 ED | \$20 | Education of Lawyers |
| <input type="checkbox"/> | 9 EN | \$20 | Environmental Law |
| <input type="checkbox"/> | 10 FA | \$25 | Family Law |
| <input type="checkbox"/> | 11 GP | \$20 | General Practice |
| <input type="checkbox"/> | 12 HL | \$20 | Health Law |
| <input type="checkbox"/> | 13 IP | \$20 | Intellectual Property |
| <input type="checkbox"/> | 14 IN | \$10 | International Practice |
| <input type="checkbox"/> | 15 LG | \$15 | Litigation |
| <input type="checkbox"/> | 16 GV | \$20 | Local Government Law |
| <input type="checkbox"/> | 17 ML | \$20 | Military Law |
| <input type="checkbox"/> | 18 RP | \$25 | Real Property |
| <input type="checkbox"/> | 19 TA | \$15 | Taxation |
| <input type="checkbox"/> | 20 TE | \$10 | Trusts & Estates |

Name: _____
 VSB ID No.: _____ Present Status: _____

1. STATUS CHANGE REQUEST
 Please change my status to:

| | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | 1. Active (Must meet special MCLE Requirements) | \$250.00 |
| <input type="checkbox"/> | 2. Associate (Not engaged in the practice of law in Virginia) | \$125.00 |
| <input type="checkbox"/> | Judicial (Full-time) | N/A |
| <input type="checkbox"/> | Retired (Must be age 70 and not engaged in the practice of law) | N/A |
| <input type="checkbox"/> | Disabled (Must be disabled and not engaged in the practice of law) | N/A |
| <input type="checkbox"/> | Emeritus (Must work pro bono for Virginia legal aid organization.) | N/A |

Current status must be **Active**

3. DUES TOTALS

| | | |
|---|----|--|
| 2016-2017 Virginia State Bar Dues | | |
| Clients' Protection Fund (\$25 Required of all Active Members) | 4. | |
| Current Section Dues | | |
| Section Additions | | |
| \$50.00 Late Fee for Dues received after July 31, 2016 | 5. | |
| \$50.00 Late Fee for PL Certification received after July 31, 2016 (Required of all Active Members) | 6. | |
| \$50.00 Late Fee for Clients' Protection Fund received after July 31, 2016 (Required of all Active Members) | 7. | |
| TOTAL AMOUNT ENCLOSED | | |

Do Not Separate

4. MANDATORY CERTIFICATION REGARDING PROFESSIONAL LIABILITY INSURANCE - All ACTIVE members (including attorneys selecting active status) are required to complete this form.

Pursuant to Supreme Court Rules Part 6, Section IV, Paragraphs 18 and 19, you **MUST ANSWER** the following questions, **SIGN** the certification and return it with your membership dues to **remain in good standing**.

1. Are there any unsatisfied legal malpractice judgments against you or any professional entity arising from your performance of legal services? (If you answer yes to this question, you must attach a list of them to this form.) Yes No

2. Are you engaged in the private practice of law representing clients drawn from the public?
 -- If your answer to question 2 is YES, then answer question 2(a); if not, continue to question 3. Yes No

2(a). Do you intend to maintain professional liability insurance coverage during the time you remain in private practice? Yes No

3. Are you currently covered by a professional liability insurance policy written by an insurer authorized by state or federal law to offer such insurance in the jurisdiction in which you practice? (An extended reporting endorsement, or "tail coverage," does not justify a YES answer to this question.) Yes No

I certify that the information above is true and correct; and, if I have certified that I am currently covered by a professional liability insurance policy, I understand that the Supreme Court Rule requires me to notify the Virginia State Bar in writing within 30 days if my coverage lapses or terminates.

Name (Please Print): _____ Signature (Required): _____

**** PLEASE NOTE ****

No Telephone Payments

GO TO:

www.vsb.org/site/members/general

FOR:

- Update Address of Record/Contact Information, and Privacy Options
- Online Membership Renewal (Pay Dues)
- Classes of VSB Membership
- Bar Card Information
- Membership FAQs (includes status change info)

If you pay online, do NOT mail a copy. You will automatically receive an email receipt. Statement MUST accompany check if payment is NOT made online.

5. OFFICIAL ADDRESS OF RECORD

Current:

Phone:

Fax:

Email:

**** Individual Attorneys May Pay Online! ****

Go to <http://www.vsb.org> See Member Login

****You May Pay Your Dues Online at www.vsb.org****

You will automatically receive a receipt for payment via email. If you use this payment method, do NOT mail a copy.
NO Telephone Payments Accepted

DEADLINE FOR RECEIPT – JULY 31, 2016

July 31, 2016: Deadline for receipt. Any renewal requirement not completed by this date will result in the assessment of a delinquency fee(s). ACTIVE and ACTIVE VCC members have three (3) separate membership renewal requirements (annual dues, Clients' Protection Fund (CPF) and Certification Regarding Professional Liability Insurance (PL)) associated with annual membership renewal. Each requirement not met will be assessed a \$50 delinquency fee. ASSOCIATE members have one (1) requirement (annual dues) with one (1) delinquency fee of \$50 if not met.

**MAILING INSTRUCTIONS (if not paying online at the VSB website):
(DUES STATEMENT MUST ACCOMPANY PAYMENT)**

Renewals made by mail **must be physically received** (postmark will **NOT** be considered) in the office of the Virginia State Bar by July 31, 2016.

- A. Use the enclosed return envelope for payments sent by regular posted mail only.
- B. **All other mailing/delivery services--MUST** be addressed to Virginia State Bar, Suite 700, 1111 East Main Street, Richmond, VA 23219-0026.

COMPLETING THE ANNUAL DUES STATEMENT

Please complete **all** applicable parts before returning your statement and check.

PART 1. STATUS CHANGE REQUEST (if applicable) (Cannot be processed online)

- A. Go to www.vsb.org/site/member/general to review the Rules of Court regarding classes of membership and Membership FAQs.
- B. Requirements for changing to ACTIVE can be found in the Membership FAQs. Checking the appropriate box on this statement satisfies the requirement for a written request.
- C. If you request a status change, adjust your bar dues amount accordingly.

PART 2. VOLUNTARY SECTION DUES

- A. X = Sections to which you belonged in 2015-16. P = Pre-paid for 2016-17.
- B. Indicate additional sections you would like to join by checking the box to the left of the section name.
- C. Discontinue membership in a section by marking out the pre-printed X.
- D. In PART 3, adjust the "Current Section Dues" and/or "Section Additions" boxes accordingly.

PART 3. DUES TOTALS

- A. The amount next to "2016-17 Virginia State Bar Dues" reflects the current amount due according to your official status of membership on Virginia State Bar records as of the date statements were printed.
- B. All ACTIVE and ACTIVE VCC members of the Virginia State Bar are **required** to pay a fee of \$25 for the Clients' Protection Fund. **Members requesting change in status to active membership must pay the required \$25 for CPF.**
- C. Add your bar dues, CPF (if applicable), section dues amounts, late fees (if applicable), and write the total in the **"TOTAL AMOUNT ENCLOSED"** box. Make your check or money order drawn on a U.S. bank for the Total Amount Enclosed payable in U.S. dollars to **Treasurer of Virginia. Do NOT send cash.** VSB Federal ID# is 54-6001810.

**PART 4. MANDATORY CERTIFICATION REGARDING PROFESSIONAL LIABILITY INSURANCE (PL)
(NOT APPLICABLE for Associate members)**

- A. Every ACTIVE and ACTIVE VCC Member of the Virginia State Bar must complete this PL **whether or not you carry liability insurance.**
- B. If you have any unsatisfied judgments, please attach a list of them to the Virginia State Bar dues statement.
- C. **The certification must be signed and will be considered as incomplete without your signature or failure to check all boxes.**

October 11, 2016: Administrative Suspension Deadline. Members who are administratively suspended may not practice law until all outstanding obligations including reinstatement fees have been met and license is reinstated.

Please contact the Membership Department if you have any questions at 804-775-0530 or membership@vsb.org