



Make check drawn on a U.S. bank payable in U.S. dollars to Treasurer of Virginia (Fed. ID#54-6001810). A suggested mailing date in the U.S. is July 17, 2009, to allow time for mail and processing. **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 9: 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	\$20	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	\$20	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	\$20	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	\$25	Taxation
<input type="checkbox"/>	20 TE	\$10	Trusts & Estates

1. STATUS CHANGE REQUEST

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

Please change my status to:

1. Active (Must have 12 MCLE hours including 2 of Ethics) \$250.00
 2. Associate (Not engaged in the practice of law in Virginia) \$125.00
 Judicial (Full-time)
 Retired (Must be age 70 and not engaged in the practice of law)
 Disabled (Must be disabled and not engaged in the practice of law)
 Emeritus (Active member leaving the active practice of law, eligible only for Pro Bono work)

3. DUES TOTALS

2009-2010 Virginia State Bar Dues	
Clients' Protection Fund (Required of all Active Members)	4.
Current Section Dues	
Section Additions	
\$50.00 Late Fee for Dues received after July 31, 2009	5.
\$50.00 Late Fee for PL Certification received after July 31, 2009 (Required of all Active Members)	6.
\$50.00 Late Fee for Clients' Protection Fund received after July 31, 2009 (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 list them on the reverse side of 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): _____

Do Not Separate

Circuit: _____

5. OFFICIAL ADDRESS OF RECORD

Current: Phone: _____ Fax: _____
 Email: _____

Pursuant to VA Code § 2.2-3705.1(10), I request that the VSB not disclose my email address in response to Freedom of Information Act requests.
 (B) Business (H) Home (U) Unknown

ADDRESS OF RECORD UPDATE

List Address, Email, Phone and Fax **changes** below:

Address of Record __ Alternate Address __

Home Phone() Bus Phone() Home Fax() Bus Fax()
 Phone () Fax ()

Email _____ Home() Bus()

Address _____ Home() Bus()

Address _____

City _____ State _____ ZIP+4 _____

Country _____