Virginia State Bar
Criminal Law Section

Membership Application

Name:_____ VSB ID No._____

Firm/Employer:_____ Judicial Member:_____

Address:_____

_____

_____

Telephone:_____

Email: _____

Please make check in the amount of $20.00 payable to the VSB and mail to:

Virginia State Bar

1111 E. Main Street, Suite 700

Richmond, VA 23219-0026