

International Practice Section Registration Form

Please sign me up for membership in the **International Practice Section** of the Virginia State Bar.

Name _____ VSB I.D. No. _____

Firm/Employer _____

Official Address of Record:

Telephone (_____) _____

Fax no. (_____) _____

E-mail _____

Enclose a check payable to the VSB for annual dues in the amount of \$20.00.

Mail to:
Virginia State Bar
International Practice Section
Eighth & Main Building
707 East Main Street, Suite 1500
Richmond, VA 23219 – 2800