



VIRGINIA STATE BAR

Business Law Section

Membership Application

Name _____ VSB ID No. _____

Firm/ Employer _____

Official Address of Record:

(Street Address)

(City, State and Zip Code)

Please make check in the amount of \$10.00 payable to:

Virginia State Bar
Membership Dept.
1111 E. Main St. Suite 700
Richmond, VA 23219-0026

Membership Effective Until June 30, Section Dues Waived April through June