



VIRGINIA STATE BAR

FAMILY LAW SECTION

Membership Application

Name _____ VSB ID No. _____

Firm/ Employer _____

Judicial Member _____

Official Address of Record:

(Street Address)

(City, State, and Zip Code)

Telephone (____) _____

Please make check in the amount of \$30.00 payable to:

Virginia State Bar
Membership Department
1111 E. Main Street Suite 700
Richmond, Virginia 23219-0026

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