



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 \$10.00.

Mail to:
Virginia State Bar
International Practice Section
1111 East Main Street, Suite 700
Richmond, VA 23219-0026