CHARLOTTESVILLE-ALBEMARLE BAR ASSOCIATION
APPLICATION FOR MEMBERSHIP - REGULAR MEMBER

Date of Application: _____

Name: _____ **Phone No.:** _____

Virginia State Bar #: _____ **Fax No.:** _____

Firm: _____ **Email:** _____

Mailing Address: _____

_____

Jurisdiction of Residence: _____

Law School attended and
date of graduation: _____

Year admitted to Virginia State Bar: _____

Status: _____ **Full-time private practice law**

_____ **Employment other than as attorney in private practice**

_____ **Other (please specify)** _____

I hereby apply for regular membership in the Charlottesville-Albemarle Bar Association. I hereby certify that (I) I am a member of the Virginia State bar; and (II) I am employed in or reside in or practice law primarily in the City of Charlottesville or the County of Albemarle or an adjoining county.

_____
Applicant

I, an undersigned regular member of the Association, am personally acquainted with the Applicant and believe the Applicant qualifies for regular membership in the Association, and recommend him or her for regular membership.

Proposed by: _____
Signature **Printed Name**

Approved for regular membership by the Board of Directors of the Charlottesville-Albemarle Bar Association this _____ day of _____, _____.

_____
Secretary-Treasurer

NOTE: A check in the amount of $135.00 for the current dues (July 1, 2010-June 30, 2011) must accompany this application. Mail completed application and appropriate check to Charlottesville-Albemarle Bar Association, Attn: Secretary-Treasurer, P.O. Box 376, Charlottesville, VA 22902. You will be notified by mail of the Board of Directors action on your application.