

Membership Application

MEMBER INFORMATION (Please print clearly)

Title: Mr. Mrs. Ms. Military Officer _____ Full Name _____

Firm Name: _____

Firm Address: _____

Telephone: _____ Fax: _____ Email*: _____

Home Address: _____

Home Phone: _____ Home Fax: _____ Personal Email*: _____

**Some notices from the FBA are sent to our membership exclusively by email, such as notice of elections for FBA Board and voting for Judicial Screenings. We respect our members' right to privacy, but should you elect to remove your email from our distribution, please be advised that you may miss important notices from the FBA.*

Preferred Mailing Address: Business Home GO GREEN! Please send me the FBA Journal electronically instead of a print copy.

VA State Bar #: _____ Date First Admitted to Any Bar: _____

I am admitted to practice in the following states (State, Bar ID #, and Year Admitted):

STATISTICAL INFORMATION (Optional)

Gender: Female Male Date of Birth: ____/____/____

Law School: _____

Graduation Date/Anticipated Date (Month/Year): _____

Ethnicity/Race:

African-American American Indian Caucasian Pacific Islander
Alaskan Native Asian Hispanic Other _____

FIRM PROFILE

Private Practice Office with 1-9 Attorneys
In-House Counsel Office with 10-24 Attorneys
Non-Profit Office with 25-49 Attorneys
Government Office with 25-49 Attorneys
Other _____ Office with 50+ Attorneys

AREA(S) OF PRACTICE (Please select up to three)

Administrative Law Computer Law Criminal/Traffic General Practice International Law Real Estate
Banking & Financial Services Condo/HOA Elder Law Government Contracts Land Use Social Security/Unemployment
Bankruptcy/Creditors Rights Consumer Protection Employment Immigration/Naturalization Patent/Copyright/Trademark Wills, Trusts & Probate
Commercial Litigation Corporate/Business Family Law In-House Counsel Personal Injury/Property Other _____

MEMBERSHIP DUES SCHEDULE

Please check the appropriate box and circle the dues amount. Membership term starts July 1 and ends June 30. *Attorney membership dues are prorated 50% for applications received between January 1 and May 1.* FBA dues are not deductible as charitable contributions for Federal Income Tax purposes. However, such dues may be deductible as a business expense.

Regular Attorney: I certify that I am a member in good standing of the VA State Bar.

Associate Attorney: I certify that I am a member in good standing of a another State Bar.

	Dues	Prorated Dues
Licensed Attorney in Practice 4+ Years	\$210.00	\$105.00
Licensed Attorney in Practice 1-4 Years	\$150.00	\$75.00
Licensed Attorney in Practice Less Than 1 Year	FREE	FREE

Law Student Member FREE

I certify that I 1) am currently enrolled in law school or reading for the Bar or 2) have graduated within the past year and am studying for the Virginia State Bar examination.

Emeritus (Retired Attorney) Member \$50.00

Affiliate Member \$65.00

A non-lawyer who is either a law office administrator, legal secretary, or paralegal; who is currently employed by a Regular/Associate Member or employed by a firm with one or more Regular/Associate Member as partners, share-holders, or other actively practicing attorneys.

Processing Fee \$25.00

Not applicable to Law Students and Members in Practice Less Than 1 Year.

MEMBERSHIP DUES AMOUNT = \$

SECTION MEMBERSHIP

Join a Section at \$25.00 each. The Young Lawyers Section is FREE for any active member in good standing with the FBA who is under thirty-six (36) years of age OR who has been licensed to practice for less than five (5) years. All Section membership is FREE for Law Student members.

Alternative Dispute Resolution Employment Law Legal Administrator Tax Law
Business Law/Corporate Counsel Family Law Paralegal Wills, Trusts & Estates
Criminal Law Law Practice Management Real Estate Law Young Lawyers
Elder Law

Number of Sections ____ x \$25 = \$

PAYMENT METHOD

Enclosed is a check made payable to Fairfax Bar Association. Check # _____
 Mail application and check to: Fairfax Bar Association, 4110 Chain Bridge Road, Suite 216, Fairfax, VA 22030, Attention: Membership Coordinator.

Please charge my credit card. If paying by credit card, you may fax this completed form to (703) 273-1274



Credit Card Number _____ CVV Security Code _____ Exp. Date _____ Card Holder _____

Billing Address: _____

Authorized Signature _____ Date: _____

If you have any questions, please call (703) 246-2740 or visit www.fairfaxbar.org.

TOTAL AMOUNT ENCLOSED = \$