

FREDERICKSBURG AREA BAR ASSOCIATION  
4030 Plank Road  
Fredericksburg, Virginia 22407  
Bruce Billman, Esq., Membership Chairman  
FAX TO: 1-540-710-7870

**MEMBERSHIP APPLICATION**

**Personal**

FULL NAME \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Education**

Undergraduate \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

Law School \_\_\_\_\_

Dates Attended \_\_\_\_\_

**Practice**

FIRM NAME \_\_\_\_\_

Firm Address \_\_\_\_\_

Firm Phone \_\_\_\_\_

Firm Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Professional**

Date admitted to practice by VSB \_\_\_\_\_

Virginia State Bar Number \_\_\_\_\_

Current Status with VSB \_\_\_\_\_ Active or

Other \_\_\_\_\_

Date began practicing in Fredericksburg  
Area \_\_\_\_\_

**CERTIFICATION**

I have read and understand Article III (Membership) of the Association's By-laws and I am qualified for membership in the Association and hereby request membership in the Association under the following status: (check one)

- \_\_\_\_\_ ACTIVE MEMBER
- \_\_\_\_\_ ASSOCIATE MEMBER
- \_\_\_\_\_ SENIOR MEMBER
- \_\_\_\_\_ HONORARY MEMBER

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Bar Use Only:

DATE APPROVED \_\_\_\_\_

BY \_\_\_\_\_