

FREDERICKSBURG AREA BAR ASSOCIATION
7006 Radford Drive
Fredericksburg, Virginia 22407
Bruce Billman, Esq., Membership Chairman
FAX TO: 1-540-412-5279

MEMBERSHIP APPLICATION – COMPLETE & FAX TO BRUCE BILLMAN: 540-412-5279

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 _____