

FREDERICKSBURG AREA BAR ASSOCIATION

7006 Radford Drive

Fredericksburg, Virginia 22407

Bruce Billman, Esq., Membership Chairman

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MEMBERSHIP APPLICATION – COMPLETE & FAX TO BRUCE BILLMAN:

540-710-7870

Personal

Practice

FULL NAME _____

FIRM NAME _____

Home Address _____

Firm Address _____

Home Phone _____

Firm Phone _____

Cellular Phone _____

Firm Fax _____

Date of Birth _____

E-mail _____

Education

Professional

Undergraduate _____

Date admitted to practice by VSB _____

Dates Attended _____ Degree _____

Virginia State Bar Number _____

Law School _____

Current Status with VSB _____ Active or

Dates Attended _____

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 _____