

# OLD DOMINION BAR ASSOCIATION

## Membership Application

Tax ID: 54-1435-908

The membership year is **January 1 to December 31**. Please provide us with any updated information.

Name \_\_\_\_\_ VA State Bar No. \_\_\_\_\_ Year admitted to Bar \_\_\_\_\_  
Firm, Company or Agency \_\_\_\_\_ Off (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Law School \_\_\_\_\_ Year \_\_\_\_\_

DUES: Type of Membership (Select One):

**\* Add \$25 if payment made after January 31.\***

\_\_\_\_\_ Regular Membership (Admitted to practice less than three (3) years)..... \$50.00  
\_\_\_\_\_ Regular Membership (Admitted to practice three (3) years or more)..... \$125.00  
\_\_\_\_\_ Judicial Membership .....\$125.00  
\_\_\_\_\_ Associate Membership .....\$25.00  
\_\_\_\_\_ New Membership (Admitted to practice less than one (1) year).....FREE  
\_\_\_\_\_ Law Student Membership ..... FREE

**Membership Dues Are Payable Upon Submission of this Application.**

**Please return this form to the following address with check/money order payable to:**

**Old Dominion Bar Association**

**P.O. Box 12301 Richmond, VA 23241-0301**

TYPE OF PRACTICE (Check All That Apply):

\_\_\_ Judge \_\_\_ Private Government \_\_\_ Local \_\_\_ State \_\_\_ Federal \_\_\_ In-house Corporate  
\_\_\_ Law Professor \_\_\_ Other \_\_\_\_\_

PRINCIPLE AREAS OF PRACTICE (Check All That Apply):

\_\_\_ Administrative \_\_\_ Commercial/Corporate \_\_\_ International Law  
\_\_\_ Admiralty \_\_\_ Criminal \_\_\_ Labor/Employment  
\_\_\_ Antitrust \_\_\_ Domestic Relations \_\_\_ Real Estate  
\_\_\_ Banking/Financial \_\_\_ Employee Benefits \_\_\_ Securities  
\_\_\_ Bankruptcy \_\_\_ Environmental \_\_\_ Taxation  
\_\_\_ Business \_\_\_ Government / Lobbying \_\_\_ Wills, Trusts, Estates  
\_\_\_ Civil Rights Acts \_\_\_ Healthcare \_\_\_ Worker's Compensation  
\_\_\_ Civil Litigation \_\_\_ Intellectual Property \_\_\_ Other \_\_\_\_\_

May selected information contained on this application may be published on the ODBA's website or in the directory. \_\_\_ Yes or \_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_