

# 2020 New Bar Membership Application

Join Today! Your free membership runs from today through December 31, 2020.

## Annual Dues

### Attorney Membership

**Bar year:**

- Please check your category*
- 2011 and before ..... \$360
- 2012-2016..... 255
- 2017-present..... 155
- Public Service Attorney..... 155   
*(full-time employee of federal, state or local government, or legal aid and public defender programs)*
- Full-Time Law Faculty..... 155
- Associate Member ..... 155   
*(retired attorney or judge, or bar member not licensed in Virginia but licensed in another state or country)*

**New bar passsee  
Fee waived**

### Additional Section Memberships (\*Section eligibility criteria apply)

(New bar passees: For section memberships, please enclose \$25 per section with application.)

- |  |   |
|--|---|
| Appellate Practice ..... 25 <input type="checkbox"/>             | *Long Term Care Litigation..... 25 <input type="checkbox"/> |
| Business Litigation..... 25 <input type="checkbox"/>             | *Products Liability ..... 25 <input type="checkbox"/>       |
| *Consumer Law ..... 25 <input type="checkbox"/>                  | Professional Liability ..... 25 <input type="checkbox"/>    |
| Criminal Law ..... 25 <input type="checkbox"/>                   | *Social Security ..... 25 <input type="checkbox"/>          |
| *Employment & Civil Rights Law ..... 25 <input type="checkbox"/> | *Workers' Compensation ..... 25 <input type="checkbox"/>    |
| Family Law..... 25 <input type="checkbox"/>                      |   |

*(Please print or type)*

Name (Mr., Ms.) \_\_\_\_\_

Firm Name \_\_\_\_\_

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

City/State/ZIP \_\_\_\_\_

Firm Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

City/State/ZIP \_\_\_\_\_

e-mail address \_\_\_\_\_ website \_\_\_\_\_

Birth Date \_\_\_\_\_ Year first admitted to any State Bar \_\_\_\_\_ Number of Attorneys in Firm \_\_\_\_\_

If you have a personal injury practice, is it primarily defense?  or plaintiff?

VSB license # \_\_\_\_\_ Law School \_\_\_\_\_

Ethnicity (optional):  African American  Caucasian  Hispanic  Other \_\_\_\_\_

Please indicate the *top three areas* of your practice:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Appellate Practice          | <input type="checkbox"/> Criminal Law                               | <input type="checkbox"/> Personal Injury         |
| <input type="checkbox"/> Aviation Litigation         | <input type="checkbox"/> Employment Law                             | <input type="checkbox"/> Products Liability      |
| <input type="checkbox"/> Bankruptcy                  | <input type="checkbox"/> Family Law                                 | <input type="checkbox"/> Professional Liability  |
| <input type="checkbox"/> Business Litigation         | <input type="checkbox"/> Immigration Law                            | <input type="checkbox"/> Social Security         |
| <input type="checkbox"/> Civil Rights/Constitutional | <input type="checkbox"/> Long-Term Care/<br>Nursing Home Litigation | <input type="checkbox"/> Wills, Trusts & Estates |
| <input type="checkbox"/> Consumer Law                | <input type="checkbox"/> Medical Malpractice                        | <input type="checkbox"/> Workers' Compensation   |
|  |   | <input type="checkbox"/> Other: _____            |

**All checks should be made payable to VTILA.**

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