

LOUDOUN COUNTY BAR ASSOCIATION



P.O. Box 201
Leesburg, Virginia 20178
www.loudounbar.org

2011-2012 MEMBERSHIP APPLICATION

TITLE: _____ Mr. _____ Mrs. _____ Ms.

FULL NAME: _____

NAME OF FIRM: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

EMAIL ADDRESS: _____

I am admitted to practice in the following states (State, Bar ID #, and Year Admitted):

Are you a member in good standing of the Virginia State Bar and every State Bar in which you are admitted to practice ? _____

Do you maintain a bona fide full-time law office within the County of Loudoun? _____

Areas of practice: _____

Check the class of membership for which you are hereby making application:

Active: _____ Associate: _____ Senior: _____

