

LOUDOUN COUNTY BAR ASSOCIATION



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

2018-2019 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: _____

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Have you ever been:

The subject of disciplinary proceedings instituted by any state Bar? _____

Convicted of a felony or any crimes involving moral turpitude? _____

If you answered yes to the previous two questions, please give details below and include the date of the allegation, the allegation, and the result.

I hereby certify that answers to the above questions and the information provided above are true and correct.

SIGNATURE

DATE

For Administrative Use Only

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