



**2023-2024 Membership Application**

**hcbaboard@gmail.com**

\_\_\_\_\_ **Renewal**

\_\_\_\_\_ **New Member**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Firm/Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Law School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Year admitted to the Virginia State Bar \_\_\_\_\_

Are you a member in good standing with the Virginia State Bar? Yes No

Are you an attorney in the Office of The Commonwealth Attorney or County Attorney office? Yes No

Do you maintain a law office in Henrico, Virginia or devote a substantial portion of your time to the practice of law in Henrico, Virginia? Yes No

Do you reside in Henrico, Virginia? Yes No

Would you like your member profile to be included in the Lawyer Referral Directory? Yes No

Please list your area(s) of concentration \_\_\_\_\_

Are you interested in serving on the board? Yes No

Are you interested in assisting with the Court Docent program? Yes No

**We would like to add your photo to our membership directory. Please send all pictures to hcbaboard@gmail.com.**

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

Please Note: **Your check in the amount of \$95.00 or a reduced rate of \$65.00 (for members admitted to the VA State Bar in the last three years in or after July 2020) for full payment of your annual dues must accompany this application.** The Admissions Committee will review your application to determine if you qualify as an active or associate member. Persons who qualify for active membership may not vote until approval is granted and dues have been paid. Associate members do not have voting privileges. Mail your completed application and dues payment to: **HCBA, P.O. Box 70147, Henrico, Virginia 23255.**