



2020-2021 Membership Application

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 of the Virginia State Bar? _____

Are you an attorney in the office of The Commonwealth Attorney County or County Attorney? _____

Do you maintain a law office in Henrico, VA or devote a substantial portion of your time to the practice of law in Henrico, VA? _____

Do you reside in Henrico, VA? _____

Would you like your member profile to be include o the Lawyer Referral Directory? _____

Area(s) of Concentration _____

Are you interested in serving on the board? _____

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 2017) 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 Richmond, VA 23255.**