



Visit our web site at VWAA.org!

I would like to join the Virginia Women Attorneys Association

Date: _____

Chapter:	At Large	Fredericksburg	Hampton Roads	Loudoun County
(Circle one	New River Valley	Northern Virginia	Prince William	Richmond
Chapter only)	Roanoke			

Name _____

Firm/ Organization _____

Mailing Address _____

City State ZIP _____

Telephone: _____

Fax: _____

Email: (please write legibly!) _____

Date first admitted to any bar(mm/dd/yyyy) _____

Current Bar Admissions _____

What Jurisdictions/Circuits do you practice in? _____

For referral information, please list three areas of practice _____

Referred by _____

- | | | |
|--------------------------|--------------------------------------|----------|
| <input type="checkbox"/> | Lawyer (admitted five years or more) | \$110.00 |
| <input type="checkbox"/> | Lawyer (admitted four years or less) | \$65.00 |
| <input type="checkbox"/> | Lawyer (admitted 1 year or less) | FREE |
| <input type="checkbox"/> | Law student (non-voting) | \$30.00 |
| <input type="checkbox"/> | Full Time Law School Employee | \$30.00 |
| <input type="checkbox"/> | Public Sector Employee | \$80.00 |
| <input type="checkbox"/> | Judge (non-voting) | FREE |

I would like to join the VWAA listserv

Our membership year is July 1 - June 30

Please return this form along with your payment (if applicable) to:

VWAA
 Katie Hovda, Administrative Director
 P.O. Box 190
 Leesburg, Virginia 20178