



LOCAL AND SPECIALITY BAR AFFILIATION CERTIFICATION FORM

The undersigned certifies to The Virginia Bar Association (the "VBA") that the following officers of the _____ Bar Association are current members of the VBA:

1. NAME: _____ TITLE: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

FIRM NAME: _____

2. NAME: _____ TITLE: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

FIRM NAME: _____

3. NAME: _____ TITLE: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

FIRM NAME: _____

CONTACT FOR ANNOUNCEMENTS, EVENTS AND UPDATES FROM THE VBA: _____

EMAIL: _____ PHONE: _____

Please return to The Virginia Bar Association: