

MILITARY SPOUSE PROVISIONAL OFFICIAL REGISTRATION FORM



VIRGINIA STATE BAR

NOTE: EVERY person licensed by the Virginia Board of Bar Examiners is REQUIRED to register with the Virginia State Bar. Please complete, save as a PDF (Naming convention: First Name - Last Name - Date of Licensing) and return to: MEMBERSHIP@VSB.ORG.

Full Name as licensed:

FIRST NAME

MIDDLE NAME

LAST NAME/SUFFIX

(1) OFFICIAL ADDRESS, TELEPHONE AND EMAIL OF RECORD (This address is required. It is the address used for all VSB mailings and notices and is public information.)

Firm (if firm address)

Address

City

State

Zip

Country

Please do not distribute my name or address on a membership list for other than VSB official purposes, unless such disclosure is otherwise required by law. (Pursuant to Part 6, §IV, ¶3 of the Rule of the Supreme Court of Virginia.)

Telephone: _____

Email address (required): _____

(2) ALTERNATE ADDRESS (Must provide street (physical) address if above address is a PO Box.)

Firm (if firm address)

Address

City

State

Zip

Telephone: _____

I hereby register for **ACTIVE/MILITARY SPOUSE PROVISIONAL ADMISSION** membership with the VIRGINIA STATE BAR. Membership dues - \$285 (You are required to answer ALL questions and sign the attached professional liability insurance & IOLTA certification forms.)

Birthdate: / / License Date: / / Oath Date: / /

All other bar licensures (state/mmddyy) _____

Education: Undergraduate _____
(COLLEGE/UNIVERSITY NAME AND CITY/STATE/COUNTRY)

Legal _____
(LAW SCHOOL NAME AND CITY/STATE/COUNTRY)

____ (initial) I acknowledge my obligations to comply with all active membership requirements, i.e., dues, MCLE, etc.
____ (initial) I agree to be bound by the Virginia State Bar Professional Guidelines and Rules of Professional Conduct.
____ (initial) I will notify the Virginia State Bar immediately of any change in my official address and/or employment.

Signature _____

Date _____

Upon receipt of your registration form, the VSB will send website login credentials to your email of record, which will allow you to access the member portal. You must log in to the portal to pay membership dues immediately upon receipt of the credentials. (Please allow up to 5 business days for processing.)

The professional liability insurance certification form below is required for all those registered as active status with the Virginia State Bar (see Part 6, Section IV, Paragraph 18 of the Rules of the Supreme Court of Virginia). New attorneys to the Virginia State Bar should complete and sign this form and return it to the Virginia State Bar with the official registration form. If you have questions concerning this certification, or your status in the Virginia State Bar, please contact the Regulatory Compliance-Membership Department at (804) 775-0530 or membership@vsb.org.

INSTRUCTIONS/HELPFUL HINTS

Virginia attorneys are not required to have malpractice insurance but are required to tell us whether they have it or not.

Answer the questions as they pertain to your current situation. If your answers change in the future, submit an updated form to membership@vsb.org.

You are **REQUIRED** to answer **ALL** questions either "Yes" or "No."

Question #2. If you answer "Yes" to question #2, you **MUST** answer question #2(a).

Question #2(a). If you answer "No" to question #2, you may skip #2(a) and go to question #3.

Question #3. Virginia attorneys are not required to have malpractice insurance but are required to tell us whether they have it or not. You **MUST** answer "Yes" or "No" to this question.

MANDATORY CERTIFICATION REGARDING PROFESSIONAL LIABILITY INSURANCE – As required by Supreme Court Rules Part 6, Section IV, Paragraphs 18 and 19—ALL ACTIVE members (including attorneys changing to active status) must ANSWER the following questions.	
1. Are there any unsatisfied legal malpractice judgments against you or any professional entity arising from your performance of legal services? (If you answered yes, you must attach a list to this form.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you engaged in the private practice of law representing clients drawn from the public? (If you answered yes, answer question 2(a). If you answered no, skip to question 3.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2(a). Do you intend to maintain professional liability insurance coverage during the time you remain in private practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently covered by professional liability insurance, other than an extended reporting endorsement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently covered by a professional liability insurance policy, you are required to notify the Virginia State Bar in writing within 30 days of any coverage lapse or termination.	
09/2024	

Name

Legal Services Corporation of Virginia (LSCV) administers Virginia's IOLTA program. All questions regarding IOLTA should be directed to LSCV (www.lscv.org).

IOLTA REQUIREMENT

Pursuant to Part 6, Section IV, Paragraph 20 of the Rules of the Supreme Court of Virginia, Active Members of the VSB must certify compliance with the Rule. Select one of the following:

1. I certify that I am engaged in the private practice of law in Virginia, and that I deposit client funds (or my firm* does so on my behalf) in an identifiable interest-bearing trust IOLTA trust account in Virginia in compliance with the Rule.

*Enter your firm name here regardless of who deposits client funds: _____

*Enter your bank name here regardless of who deposits client funds: _____

*Enter second approved bank you use due to FDIC limits: _____

2. I certify that I am exempt from the requirement to maintain an IOLTA account in Virginia because of one of the following:

a. I or my firm already maintain(s) an IOLTA account in a neighboring, contiguous state or jurisdiction

b. Neither I nor my firm maintain an office in Virginia. I work for a firm based in another state or jurisdiction, and my firm maintains an IOLTA account in that state or jurisdiction

*Enter firm under which IOLTA account is held: _____

*Enter state or jurisdiction in which IOLTA account is held: _____

3. I certify that I am exempt from the requirement to maintain an IOLTA account in Virginia because of one of the following:

a. I never receive client funds that would require the establishment of a trust account

b. I am not engaged in the practice of law in Virginia, do not receive client funds in Virginia, nor do I receive funds from Virginia Clients

c. I am either a government attorney or military attorney