

## INSTRUCTIONS AND IMPORTANT INFORMATION

The Virginia State Bar is a mandatory bar; every person licensed by the Virginia Board of Bar Examiners must register as a member.

Please complete the attached Registration Form, save as a PDF (**Naming convention: First Name - Last Name - Date of Licensing**) and return to: [MEMBERSHIP@VSB.ORG](mailto:MEMBERSHIP@VSB.ORG).

Full Name: Enter your name as you were licensed.

- (1) Official address, telephone, and email of record: This address is required. It is used for all Virginia State Bar mailings. It is public information and subject to FOIA (Freedom of Information Act). Only put a firm name if it is a firm address. You are required by Rule of Court to always keep your address of record current.
- (2) Official alternate address: You must provide a street (physical) address if your address of record is a PO Box. This address is used for bar purposes only and is not available to the public.

\_\_\_\_\_

Birthdate: 00/00/0000 (required)

License Date (Date of your letter from the Virginia Board of Bar Examiners): 00/00/0000.

Bar Exam Date (Date you sat for the exam): 00/00/0000.

All other bar licensures (state/date): Enter each state in which you are licensed along with the date you were licensed in that state. Example: FL 7/1/2013; MS 2/1/2012

Education: \_\_\_\_\_  
Undergraduate: List name AND city/state/country of college/university.  
Legal: List name AND city/state/country of law school.

Signature: Your signature.

Date: Date you signed.

**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.**

FOREIGN LEGAL CONSULTANT

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. (Please allow up to 5 business days for processing.)

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 apply for registration as a Foreign Legal Consultant with the Virginia State Bar, with my practice limited to providing legal services as prescribed under Rule 1A:7 of the Rules of the Virginia Supreme Court.

Membership dues - \$250

Birthdate: / /

SSN: XXX-XX-

All other bar licensures (state/date)

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

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

Signature

Date

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**RULES OF THE SUPREME COURT OF VIRGINIA  
PART 1A, RULE 1A:7 FOREIGN LEGAL CONSULTANT**

In the Matter of the Application of \_\_\_\_\_

**AFFIDAVIT OF APPLICANT**

\_\_\_\_\_ for a certificate as a Foreign Legal Consultant

The undersigned applicant, being first duly cautioned, swears or affirms the following:

- 1) I hereby make application for a certificate to practice law in the Commonwealth of Virginia under Part 1A, Rule 1A:7 as a Foreign Legal Consultant and agree to be bound by the Scope of Practice and Rights and Obligations as prescribed under this Rule.
- 2) I have read, am familiar with, and agree to be bound by the Virginia Rules of Professional Conduct and any other rules of court governing members of the bar to the extent they may be applicable to the legal services authorized under paragraph (d) of this Rule. (Copy of the rules is available on the Virginia State Bar website at <http://www.vsb.org>)
- 3) I hereby agree to submit to the jurisdiction of the Supreme Court of Virginia and the Virginia State Bar for regulatory and disciplinary purposes.
- 4) I agree to immediately notify the Bar of any change in good standing as a member of any foreign legal profession referred to in paragraph (a)(1) of this rule and of any final action of any professional body or governmental authority referred to in paragraph (b)(2) of this rule imposing any disciplinary censure, suspension, or other sanction.
- 5) **I shall notify the Virginia State Bar immediately of any change in my address.**
- 6) My Virginia address, phone, fax and email are (please print or type):

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email (required): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Sworn to or affirmed before me and subscribed in my presence this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Please complete and return to: Virginia State Bar, 1111 E. Main Street, Suite 700, Richmond, VA 23219-0026.