FOREIGN ATTORNEYS - REGISTERED MILITARY
LEGAL ASSISTANCE ATTORNEYS
OFFICIAL REGISTRATION FORM

VIRGINIA STATE BAR

Full Name: _____
LAST NAME FIRST NAME MIDDLE NAME

(1) OFFICIAL ADDRESS AND TELEPHONE OF RECORD **(This is public information and is subject to FOIA.):**
Must be the military address in Virginia of your commanding officer, staff judge advocate or chief legal officer who filed the affidavit on the lawyer's behalf.

_____
Military (as stated above)

_____
Address

_____
City State Zip

☐ **Please remove my name and address from the membership list when it is distributed for other than official purposes, pursuant to VA Sup. C. R. Part 6, §IV, ¶3.)**

Telephone: _____

Email address: _____

Must provide street (physical) address if above address is a P.O. Box

(2) OFFICIAL ALTERNATE ADDRESS.

_____
Address

_____
City State Zip

Telephone: _____

☐ I hereby register as a Military Legal Assistance Attorney with the Virginia State Bar, which will entitle me to become an active member of the VSB. I understand I am limited to practicing exclusively pursuant to the laws, rules, and regulations governing the military services, under Part I of Rule 1A:6, Rules of the Virginia Supreme Court.

Date of Birth: _____ SSN (last 4) (optional): XXX-XX-__ __ __ __

All other licensures (state/date) _____

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

Legal _____
(COLLEGE/UNIVERSITY NAME AND CITY/STATE/COUNTRY)

Signature _____ Date _____

NOTE: The information sought is for the purpose of maintaining accurate VSB membership records needed to carry out the duties specified in Section 54.1-3910, Code of Virginia. I SHALL NOTIFY THE VIRGINIA STATE BAR IMMEDIATELY UPON THE TERMINATION OF EMPLOYMENT OR SERVICE AT THE MILITARY BASE IN VIRGINIA.