



**CHESTERFIELD
BAR
ASSOCIATION**

CBA MEMBERSHIP APPLICATION 2023-2024 YEAR

_____ **Renewal**

_____ **New Member**

Last Name: _____ First Name: _____

Firm/Organization Name: _____

Business Address and Phone Number: _____

Email Address: _____

Year Admitted to Virginia State Bar: _____

Are you in good standing with the Virginia State Bar? Yes No

Are you an attorney in the Commonwealth Attorney or County Attorney's Office? Yes No

Do you practice primarily in or maintain an office in Chesterfield County? Yes No

Do you reside in Chesterfield County? Yes No

Please list your area(s) of concentration: _____

Are you interested in participating in community service events? Yes No

Signature: _____ Date: _____

**Dues for attorneys in private practice are \$95.00 per year.
Dues for attorneys that are engaged in public service (i.e. Commonwealth Attorneys, Public
Defenders, Attorney General's Office, etc.) are \$80.00 per year.**

**Please mail completed application and dues check to Chesterfield Bar Association, at
P.O. Box 73314, Richmond, VA 23235.**