



Meliorare legem meliorare vitam est



Salem/Roanoke County Bar Association



SALEM ROANOKE COUNTY BAR ASSOCIATION APPLICATION FOR MEMBERSHIP

I hereby make application for membership in the Salem/Roanoke County Bar Association. I agree to abide by the Constitution and By-Laws of the Association and ethics of the profession so long as I remain a member in the Association. I understand that annual dues for membership in the Association are \$50.00 for the first year and \$100 per year thereafter. I enclose payment of my first year's dues with this application.

Full name and address as you wish it to appear in the Association Records and mailing list:

Name: _____

Address: _____

Associated with: _____ As: _____

Email Address: _____

Personal Record:

Date of Birth: _____ Place of Birth: _____

Current City/County of Residence: _____ Since: _____

Current Home Address: _____ Since: _____

If less than 2 years at current address, Prior Home Address: _____

Education Record:

College: _____ Degree Received: _____ Date: _____ Law School:

_____ Degree Received: _____ Date: _____

Year Admitted to Virginia State Bar: _____

Professional Record:

Current Position: _____ Date: _____

Address: _____

Prior Position: _____ Date: _____ Address:

Do you belong to any other Professional Associations? If so, please list them and give the status of your membership therein:

Have you ever been charged with the commission of any criminal offense of any nature whatsoever? (Including moving traffic violations) YES _____ NO _____. If so, give details below or attach a statement giving details of all factors that caused each charge to be made and complete details of disposition of each charge.

Signed: _____ Date: _____

Endorsement: (can be waived if applicant is personally known to the Corresponding Secretary or any current officer)

We, the undersigned two members of the Salem/Roanoke County Bar Association, endorse this application and certify that the applicant is of good moral character and worthy to become a member of the Association.

Signed: _____ Printed: _____ Date: _____

Signed: _____ Printed: _____ Date: _____

PLEASE RETURN TO: SALEM ROANOKE COUNTY BAR ASSOCIATION P. O. Box 2064, Salem, VA 24153