

Norfolk & Portsmouth Bar Association Membership Application

Law Student

Name _____

Date Of Birth ____/____/____

Law School _____

Expected Graduation Date (Year) _____

Home Address _____

City & Zip Code _____

Telephone _____

Email _____

Applicant's Signature

Date Submitted

Send this application with the annual membership fee of \$30 for the school academic year to:

**Norfolk and Portsmouth Bar Association
City of Norfolk Courthouse, 2nd floor
150 St. Paul's Blvd.
Norfolk, VA 23510**