



Hispanic Bar Association of the Commonwealth of VA, Inc.
(HBA-VA) "Fraternity, Advocacy, and Justice"

2014-2015 MEMBERSHIP APPLICATION

CHECK AS APPROPRIATE :

New Member Renewal of Membership

PERSONAL INFORMATION:

Name (Last Name, First Name, Initials) |

Law Firm |

Business Address |

Home Address |

Preferred Address: Business Home

Phones |

Cell/Home/Work

E-Mail |

BAR ADMISSIONS (State | Year of Admission)

SPECIALTIES (Your first three will be listed on our website)

AVAILABLE FOR REFERRALS? Yes No

If Yes, identify any foreign language you speak and level of proficiency:

WOULD YOU LIKE YOUR NAME ON OUR WEBSITE TO LINK TO YOUR E-MAIL? Yes No

If yes, please specify the e-mail you want to use:

COMMITTEES OR ACTIVITIES INTERESTED IN JOINING OR CAN ASSIST WITH SPECIFIC PROJECTS:

- Judiciary Community Projects Other (Explain):
- Legislative Newsletter _____

MEMBERSHIP CATEGORY AND FEES:

Benefactor: \$ _____ Attorney: \$50.00 New Attorney: \$35.00 Student: \$10.00

Checks should be made payable to the HBA-VA and completed applications sent to:
HBA-VA 3955 Chain Bridge Road, 2nd Floor Fairfax, Virginia 22030.