

NORTHERN VIRGINIA BLACK ATTORNEYS ASSOCIATION
Membership Application

NAME _____

NAME OF FIRM, OFFICE OR AGENCY _____

Business Address _____

E-mail Address _____

Work Number () _____ Fax Number () _____

Undergraduate School: _____ Graduation Date: _____

Law School: _____ Graduation Date: _____

Type of Membership:

_____	New Members (Admitted to practice less than one (1) year)	FREE
_____	Law Students	FREE
_____	Judges	FREE
_____	Regular Membership (Admitted to practice more than one (1) year)	\$ 50.00

Please return this application with your check, made payable to the Northern Virginia Black Attorneys Association, to:

Kellie M. L. Budd
Rees Broome, PC
8133 Leesburg Pike, Ninth Floor
Vienna, VA 22182

I will abide by the Constitution and Bylaws of the Northern Virginia Black Attorneys Association.

Date: _____ Signature: _____

Type of Practice:

_____ Judge _____ Private _____ Government
_____ Corporation _____ Law Professor _____ Other: _____

Principle Areas of Practice:

___ Administrative	___ Civil Litigation
___ Admiralty	___ Automobile
___ Antitrust	___ Construction
___ Banking/Financial	___ Corporate
___ Bankruptcy	___ FELA
___ Business	___ Fraud
___ Commercial/Corporate	___ Insurance
___ Criminal	___ Landlord/Tenant
___ Domestic Relations	___ Mechanic's Liens
___ Employee Benefits	___ Medical Malpractice
___ Environmental	___ Personal Injury
___ Government/Lobbying	___ Professional Liability
___ Healthcare	___ Workers
___ Compensation	
___ Intellectual Property	___ Real Estate
___ International Law	___ Securities
___ Labor/Employment	___ Taxation
___ Civil Rights Acts	___ Trusts & Estates
___ Government Contracts	___ Wills
___ Military Law	Other _____

I do _____ do not _____ want the information contained on this Application published on any affiliated organizations internet web-site.