

Vermont Bar Association Attorney Membership Application

I hereby apply for membership into the Vermont Bar Association and, if enrolled, agree to support its Constitution and to pay the annual dues until I submit a written resignation.

First Name Middle Initial Last Name
 Call Name

Firm/Organization

Address

City State ZIP Code -

Phone # (000-000-0000) Fax # (000-000-0000)

E-Mail Address

Date of Birth (00/00/0000)

Date Admitted to the Supreme Court of Vermont (00/00/0000)

Other states in which you hold license(s)

Other languages you speak

<input type="checkbox"/> Committee/Section	<input type="checkbox"/> Family Law	<input type="checkbox"/> Tax Law/IPRC Accountants
<input type="checkbox"/> Alternative Dispute Resolution	<input type="checkbox"/> Health Law/IPRC Doctors	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Arbitration of Fee Complaints	<input type="checkbox"/> Insurance Law	
<input type="checkbox"/> Bankruptcy Law	<input type="checkbox"/> Intellectual Property Law	Division Preferences
<input type="checkbox"/> Business Association Law	<input type="checkbox"/> International Law Practice	<input type="checkbox"/> Government/Non Profit Division
<input type="checkbox"/> Collaborative Law	<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Women's Division
<input type="checkbox"/> Consumer Law	<input type="checkbox"/> Municipal Law	<input type="checkbox"/> Young Lawyers Division
<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Practice & Procedure	
<input type="checkbox"/> Disability Law	<input type="checkbox"/> Probate & Trust Law	
<input type="checkbox"/> Elder Law	<input type="checkbox"/> Property Law/IPRC Realtors	
<input type="checkbox"/> Employment Law	<input type="checkbox"/> Public Education	
<input type="checkbox"/> Environmental Law	<input type="checkbox"/> Solo & Small Firm	

Signature _____ Date (00/00/00)

Dues Schedule – VBA Fiscal Year September 1 – August 31 (Dues Payable Upon Application)

The VBA dues structure is tiered based upon the number of years admitted to practice in the State of Vermont. The amounts below include a \$10 surcharge for the Client Security Fund.

- | | |
|---|--|
| <input type="checkbox"/> 0-1 Year = \$90.00 | <input type="checkbox"/> Non-Resident = \$135.00 |
| <input type="checkbox"/> 2-4 Years = \$120.00 | <input type="checkbox"/> Law Professor = \$135.00 |
| <input type="checkbox"/> 5-9 Years = \$185.00 | <input type="checkbox"/> Retired = \$102.50 (a voting member of the VBA who has reached the age of 65 and has retired, except for <i>pro bono</i> representation.) |
| <input type="checkbox"/> 10+ Years = \$195.00 | |

PAYMENT METHOD:

Check enclosed (made payable to Vermont Bar Association)

Credit Card (VISA, MASTERCARD DISCOVER and AMERICAN EXPRESS **ONLY**)

Credit Card # - - - Exp. Date

Cardholder

Signature _____

**PLEASE PRINT COMPLETED FORM & MAIL WITH PAYMENT TO:
VERMONT BAR ASSOCIATION, PO BOX 100, MONTPELIER VT 05601-0100**