

**VIRGINIA SUPREME COURT RULES  
RULE 1A:5 CORPORATE COUNSEL REGISTRANT (PART II)**

In the Matter of the Application of \_\_\_\_\_

**AFFIDAVIT OF APPLICANT**

for registration with the Virginia State Bar as a Corporate Counsel Registrant

The undersigned applicant, being first duly cautioned, swears or affirms the following:

- 1) I hereby make application to register in the State of Virginia under Part II of Rule 1A:5 as a Corporate Counsel Registrant.
- 2) I have read, am familiar with, and agree to be bound by the Virginia State Bar Professional Guidelines and Rules of Professional Conduct. (Copy available on the bar's website at <http://www.vsb.org>)
- 3) I hereby agree to submit to the jurisdiction of the Virginia Supreme Court and the Virginia State Bar for disciplinary purposes pursuant to Part II of Rule 1A:5.
- 4) I affirm that (i) I will at no time undertake to represent my Employer or any other person, organization or business entity before a Virginia court or tribunal except as permitted pursuant to Rule 1A:4 of this Court, (ii) my work is limited to business and legal services related to issues confronting my Employer at a regional, national or international level with no specific nexus to Virginia, and (iii) I will not provide legal advice or services to any person other than my Employer.
- 5) **I shall notify the Virginia State Bar immediately of any change in my employment in Virginia.**
- 6) I will remit the \$150 application fee immediately upon receipt of member portal login credentials. Credentials will be emailed to the email address listed below.
- 7) My Virginia employment address, phone, fax and email are (please print or type):

Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (required): \_\_\_\_\_

- 8) I am an "active" member of the Bar in good standing in \_\_\_\_\_  
(Jurisdiction)

- 9) All bar licensures (state/date) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Sworn to or affirmed before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Please complete and return to: [membership@vsb.org](mailto:membership@vsb.org)

**VIRGINIA SUPREME COURT RULES  
RULE 1A:5 CORPORATE COUNSEL REGISTRANT (PART II)**

In the Matter of the Application of

**AFFIDAVIT OF EMPLOYER**

\_\_\_\_\_ for registration with the Virginia State Bar as a Corporate Counsel Registrant

\_\_\_\_\_, being first duly cautioned, swears or affirms the following:  
(Name)

1) I am an officer of the following company:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email: (required) \_\_\_\_\_

2) I hereby certify that \_\_\_\_\_, an applicant for registration with the Virginia State  
Name of Applicant

Bar under Part II of Rule 1A:5 as a Corporate Counsel Registrant, is employed by

\_\_\_\_\_ and such employment or association became effective on \_\_\_\_\_.  
(name of company)

3) I attest to the fact that the applicant is employed as a lawyer to provide legal services exclusively to the company, including its subsidiaries and affiliates, that the nature of the applicant's employment conforms to the requirements of Part II of Rule 1A:5, and **I shall notify the Virginia State Bar immediately of any change in the applicant's employment.**

\_\_\_\_\_  
Typed Name and Title of Officer

\_\_\_\_\_  
Signature of Officer

Sworn to or affirmed before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Please complete and return to: membership@vsb.org

CORPORATE COUNSEL REGISTRANT OFFICIAL REGISTRATION FORM  
**VIRGINIA STATE BAR**



**EVERY ATTORNEY REGISTERED UNDER RULE 1A:5 PART II IS REQUIRED TO REGISTER WITH THE VIRGINIA STATE BAR**

AS LICENSED ON YOUR ACTIVE CERTIFICATE OF GOOD STANDING

Full Name: \_\_\_\_\_  
LAST NAME/SUFFIX FIRST NAME MIDDLE NAME

(1) OFFICIAL ADDRESS, TELEPHONE AND EMAIL OF RECORD (**Full Virginia business address and email required. Official address will be used for all VSB mailings, and this address is public information.**)

Employer (required) \_\_\_\_\_

Address (required) \_\_\_\_\_

City (required) State (required) Zip (required)

**Please do NOT distribute my name or address on a membership list for other than VSB official purposes unless such disclosure is otherwise required by law. (Pursuant to Part 6, §IV, ¶3 of the Rule of the Supreme Court of Virginia.)**

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Email address: (required) \_\_\_\_\_

(2) ALTERNATE ADDRESS OF EMPLOYER (**Must provide street (physical) address if above address is only a PO Box.**)

Employer Address \_\_\_\_\_

City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

I hereby apply for registration as a Corporate Counsel Registrant in the Virginia State Bar, with my practice limited to providing legal services to my employer, under Part II of Rule 1A:5, Rules of the Virginia Supreme Court, and **submit \$250.00 for annual dues payable upon receipt of invoice. Checks are not accepted.**

Date of Birth (required): \_\_\_\_\_

All bar licensures (state/mmddyyy) \_\_\_\_\_

Education:

Undergraduate \_\_\_\_\_  
(GIVE COLLEGE/UNIVERSITY NAME AND CITY/STATE/COUNTRY)

Legal \_\_\_\_\_  
(GIVE LAW SCHOOL NAME AND CITY/STATE/COUNTRY)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**I SHALL IMMEDIATELY NOTIFY THE VIRGINIA STATE BAR IN WRITING OF ANY CHANGE IN EMPLOYMENT IN VIRGINIA.** (This notification can be sent via email to [membership@vsb.org](mailto:membership@vsb.org))

**You must sign into the portal to pay membership dues immediately upon receipt of your credentials. The credentials will be sent to your email of record.**