# VIRGINIA STATE BAR
## ADDRESS UPDATE FORM
### 1111 East Main Street, Suite 700
### Richmond, VA 23219-0026
### Telephone:  (804) 775-0530  Fax:  (804) 775-0501  Email:  **membership@vsb.org**

Please use this form to update your official address of record or VA RESA (CRESPA) address and mail it to the **Membership Department of the Virginia State Bar, Suite 700, 1111 East Main Street, Richmond VA 23219-0026.** *Each member shall submit in writing* to the **membership department** of the Virginia State Bar an address of record which will be used for all membership and regulatory purposes, including official mailings and notices of disciplinary proceedings. If a member's address of record is a PO Box, the member must submit in writing to the membership department an alternate address where process can be served. The alternate address is personal information and *shall not be disclosed* pursuant to Section 2.2-3704, *Code of Virginia*. **Members have a duty promptly to notify the membership department in writing of any changes in either the address of record or any alternate address.**

NAME: _____     Bar #: _____

(1)  OFFICIAL ADDRESS AND TELEPHONE OF RECORD: **(This is public information and is subject to FOIA.):**
     **Please check whether address is (   ) Business or (   ) Home.**

_____
Firm (if applicable)

_____
Address **(If PO Box, you must give alternate (physical) address in (2).)**

_____     _____     _____
City                                                          State                     Zip

Telephone:     _____     Fax:     _____
     Check one:     (   ) Business     (   ) Home     (   ) Cell

Email address: _____     (   ) Business   (   ) Home
               ☐**Pursuant to VA Code § 2.2-3705.1, I request that the VSB not disclose my email address.**

(2)  OFFICIAL ALTERNATE ADDRESS: **Please check whether address is (   ) Business or (   ) Home.**

_____
Firm (if applicable)

_____
Address

_____     _____     _____
City                                                          State                     Zip

Telephone:     _____     Fax:     _____
     Check one:     (   ) Business     (   ) Home     (   ) Cell

Email address: _____

(3)  If registered as a lawyer settlement agent under **CRESPA**, what is the preferred address? **(This is public information and is subject to FOIA.)**

_____
Firm (if applicable)

_____
Address

_____
City, State, Zip

Telephone:     _____     Fax:     _____
     Check one:     (   ) Business     (   ) Home     (   ) Cell

_____     _____
Signature of Member (Required)                        Date

4/18