



MEMBERSHIP APPLICATION/RENEWAL FORM

Last Name First Name Middle Initial

Employer/ Firm Name

Mailing Address City State Zip

Telephone Number (including area code) Email Address

Membership Category (Please Check One)

_____ **Regular Membership:** Open to attorneys and non-attorneys who are in good standing and admitted to the bar of the U.S. Court of Appeals for Veterans Claims (Court) after meeting the requirements of Rule 46(a) "*Practice Before the Court.*" \$95.00

_____ **Associate Membership:** Open to attorneys in good standing in the highest court of their state, but not admitted to practice before this Court, who have interest in the subject matter jurisdiction of the Court and support the mission of the Bar Association. \$95.00

_____ **Group or Government Membership:** Open to attorneys and non-attorneys. \$75.00
This rate is available for 5 or more members of a group or of a government organization. Such members do not need to individually remit fees with this form. The group or government organization will make one dues payment at the rate of \$75 per membership.

_____ **Court Membership:** Open to employees of the Court who have been designated as eligible to participate in Bar Association activities. Court employees do not need to individually remit fees with this form. The Court will make one dues payment to the Bar Association. N/C

_____ **Student Membership:** Open to students currently enrolled in an accredited law school. \$25.00

_____ **Trial Membership:** Open to newly-admitted attorney seeking a trial membership for the remainder of the membership year, ending September 30th. This is a non-voting Membership. Free

Membership fees are payable by check to the **Court of Appeals for Veterans Claims Bar Association.** Please mail your completed application to the address above.

(Date)

(Signature)