COURT OF APPEALS
FOR VETERANS CLAIMS
BAR ASSOCIATION

Court of Appeals for Veterans Claims Bar Association
Ben Franklin Station
PO Box 7992
Washington, DC 20044-7992

MEMBERSHIP APPLICATION / RENEWAL INVOICE

_____

Last name First name Middle initial

_____

Employer / Firm Name

_____

Mailing Address City State Zip

_____ _____

Telephone number (including area code) Fax number (including area code)

_____

E-mail address

Membership Category

(Please Check One):

_____	I am an attorney in private practice (Voting Membership)	FEE: $95.00*
_____	I am a non-attorney practitioner (Voting Membership)	FEE: $95.00
_____	I am an attorney in government practice and have been designated for Bar Association Membership by my supervisor through an organizational membership program (Voting Membership)	FEE: $95.00**
_____	I am an attorney in government practice and I am a self-paying member of the Bar Association (Voting Membership)	FEE: $95.00
_____	I am an employee of the US Court of Appeals for Veterans Claims and have been designated for Bar Association membership through the Court's organizational membership (Non-voting Membership)	FEE: $95.00**
_____	I am a law student seeking Student Membership (Non-voting Membership)	FEE: $25.00

*An organization/group rate of $75.00 per membership applies for the renewal of five (5) or more members.

**Government Practice Organizational Members and Court Organizational Members do not need to send fees in with their Application / Renewal because each organization will make one dues payment.

Membership Certification

I hereby certify that I am admitted to practice before the United States Court of Appeals for Veterans Claims having been admitted on the _____ day of _____, _____.

(Note: CAVC personnel and law students are not required to be admitted to practice before the Court in order to obtain membership).

A check for my dues fee payable to the "Court of Appeals for Veterans Claims Bar Assn." is enclosed.

_____ _____

(Date) (Signature)