

**THE WEST VIRGINIA STATE BAR
ANNUAL MEMBER FEES CHECK SUBMISSION 2015-16
FOR INACTIVE MEMBERS**

First Name: _____

Middle Name: _____

Last Name: _____

Bar ID#: _____

Return Forms & Payment to:

**Attn: Membership
The WV State Bar
2000 Deitrick Blvd
Charleston, WV 25311**

Member Fees Payment Selection

- Inactive Member - \$100 \$ 100

For payment please attach a check with your bar ID number written on it for the amount above. Checks received without this form will be returned.

Check number (of attached payment): _____

Please provide your updated contact information if it has changed:

Firm: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____