

**THE WEST VIRGINIA STATE BAR  
ANNUAL MEMBER FEES CHECK SUBMISSION 2016-17  
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:** \_\_\_\_\_