

**ASSOCIATION OF DEFENSE TRIAL COUNSEL**

**APPLICATION FOR  
FULL MEMBERSHIP  
and  
WEB SITE AND EMAIL SERVICE**

**APPLICATION FOR  
FULL MEMBERSHIP**

1. Name (and P number): \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
\_\_\_\_\_
2. City/State/Zip Code: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. E-Mail Address: \_\_\_\_\_
5. Primary Areas of Practice-Specialties (Optional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Representative Clients: (Optional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If a member or associate of a law firm, so state: Give name of firm and number of years you have been associated with said firm:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Year of Admission to Bar: \_\_\_\_\_
9. Degrees held, both academic and law, year of graduation and school:  
\_\_\_\_\_  
\_\_\_\_\_
10. List all Bar Associations and all other professional organizations and law societies to which you belong: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What percentage of your professional time is spent in the representation of insurance companies or self-insured companies? \_\_\_\_\_
12. Set forth a summary of your practice since first licensed, including a list of firms or individual with whom you have been associated, the percentage of defense work performed in conjunction with each association listed and the name of the insurance companies or self-insured companies which were represented in each instance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. If corporate counsel, insurance staff counsel, or home office counsel, give the name of your company, your title and length of time in the position:  
\_\_\_\_\_

### **WEB SITE AND EMAIL SERVICE**

See the separate Application for ADTC's Information Email Tool. It allows members to communicate by email with other members on subjects of like interest.

### **MEMBERSHIP AGREEMENT**

I understand that the purpose of this organization is to promote the efficiency of defense attorneys to act as a unit in dealing with common problems and to better serve the general interest of the members' defense clients. I will not abuse the privileges of this Association or make improper use of information of whatever kind, which I might receive through this Association. I recognize that I may be expelled from membership in this Association if the nature of my practice should in the future not be substantially devoted to defense work, or if I violate in any way the privileges of this Association.

I agree to secure and send to the Membership Committee two (2) letters of recommendation from individual members in good standing of the Association of Defense Trial Counsel.

Dated: \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_

**CERTIFICATION OF APPLICATION**

I, \_\_\_\_\_, a member in good standing of the Association of Defense Trial Counsel, certify that I have read the foregoing Application for Full Membership and state that I have known \_\_\_\_\_ for \_\_\_\_\_ years and that the information contained in this Application is true and correct and to the best of my knowledge.

I further certify that in my estimation \_\_\_\_\_ is primarily defense oriented and he/she will be an asset to the Association. Further, that he/she will not abuse the privileges of this Association or make improper use of information of whatever kind which he/she might receive through this Association.

\_\_\_\_\_