



APPLICATION OF DEFENSE TRIAL COUNSEL APPLICATION FOR ASSOCIATE MEMBERSHIP

1. Name: _____
2. Business Address: _____

E-Mail Address: _____
3. Date of Birth: _____
4. Year of Admission to Bar: _____
5. If you are a member of a law firm, give the name of the firm and the number of years you have been associated with that firm: _____

6. Do you devote a substantial portion of your professional time to the representation of insurance companies and/or self-insured companies:

7. List all Bar Associations and all other professional organizations and law

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.

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 know _____ 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.
