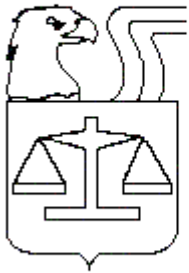


**Association
of Defense
Trial Counsel**



**4315 Kiefer
Warren MI 48091-5003
(313) 237-0610**

ASSOCIATION OF DEFENSE TRIAL COUNSEL

APPLICATION FOR ASSOCIATE MEMBERSHIP

1. Name _____
2. Office Address _____

City/State/Zip Code _____
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: _____

I understand that the purpose of this organization is to promote the efficiency of defense attorneys, to act as a unit dealing with common problems and to better server the general interest of the members' defense clients. I will not abuse the privileges of the 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.

Enclosed find my check for \$10.00 to be used for Admission Fee, if this Application is accepted

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 the Application is true and correct 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 this Association and 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.
