



# ALABAMA DEFENSE LAWYERS ASSOCIATION

P.O. Box 680148 | Prattville | AL | 36068  
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## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Alabama Bar #: \_\_\_\_\_  
(Please Print) (i.e. 1234-X56X)

Firm/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Administrator Name & Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date Admitted to Alabama Bar: \_\_\_\_\_  
(By providing the above, you are granting express consent to receive e-mails from ADLA.)

### Areas of Practice (Select at least One):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Alternative Dispute Resolution | <input type="checkbox"/> Governmental Liability        | <input type="checkbox"/> Professional Liability    |
| <input type="checkbox"/> Business Litigation            | <input type="checkbox"/> In-house Counsel              | <input type="checkbox"/> Toxic Torts/Environmental |
| <input type="checkbox"/> Construction Law               | <input type="checkbox"/> Insurance Defense             | <input type="checkbox"/> Trucking Defense          |
| <input type="checkbox"/> Drug and Medical Device        | <input type="checkbox"/> Medical Liability/Health Care | <input type="checkbox"/> Workers' Compensation     |
| <input type="checkbox"/> Employment/Labor               | <input type="checkbox"/> Products Liability            | <input type="checkbox"/> Other: _____              |

➤ **REQUIRED - Percentage of your civil litigation time devoted to defense representation – \_\_\_\_\_ (Must be greater than 51%)**

- Are you a former ADLA member or have you ever applied for membership in this Association?  Yes  No
- If you are a former ADLA Student Association member, please indicate your chapter:  
 Cumberland School of Law  Thomas Goode Jones School of Law  The University of Alabama School of Law

### Annual Membership Dues:

- \$150.00 - admitted to practice less than 5 years  \$200.00 - admitted to practice 5 years or more

If accepted as a member, I agree to abide by the By-laws of this Association.

\_\_\_\_\_  
*Applicant Signature (Required)* Date

➤ **REQUIRED** – Signatures of 2 sponsors who are current members of ADLA.  
*We, the undersigned members of ADLA, nominate the applicant for membership.*

\_\_\_\_\_  
Sponsor #1 (Please Print) Sponsor #2 (Please Print)

\_\_\_\_\_  
Sponsor #1 (Signature) Sponsor #2 (Signature)

|                 |   |   |  |                                      |
|-----------------|---|---|--|--------------------------------------|
| <b>OPTIONAL</b> | <i>ADLA is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which of the following may best describe them:</i> | <input type="checkbox"/> Male             | <input type="checkbox"/> Female          | <input type="checkbox"/> Caucasian   |
|                 |   | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American  | <input type="checkbox"/> Other _____ |
|                 |   | <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Native American |                                      |
|                 |   | Date of Birth: _____                      |  |                                      |

*ADLA is exempt from Federal taxation under IRC 501(c)(6). Membership dues are not tax deductible as a charitable contribution; they may be deductible as a business expense. Federal ID #63-0779651*