



P.O. Box 680148 | Prattville | AL | 36068

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MEMBERSHIP RENEWAL REQUEST

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

Firm/Employer: _____ Phone: _____

Firm Administrator's Name & Email: _____

Mailing Address: _____ County: _____

Email: _____ 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%)

Annual Membership Dues:

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

If membership is renewed, I agree to abide by the By-laws of this Association.

Applicant Signature (Required)

Date