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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:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>\$150.00</b> - admitted to practice less than 5 years | <input type="checkbox"/> <b>\$200.00</b> - 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