



APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the Florida Defense Lawyers Association and furnish the following information:

1. Name: Last: _____ First: _____ Middle: _____
2. Office Address: _____

Telephone Number: _____ Fax: _____
E-mail Address: _____
3. Firm Name: _____
Number of Years: _____ (Total in practice) Private Practice: YES _____ NO _____
4. Date and place of birth: Date: _____ City & State: _____
5. Date of Admission to the Florida Bar and Florida Bar number:
Month: _____ Year: _____ Florida Bar Number: _____
6. Degrees held: Year of graduation and school:

7. Bar and other professional organizations to which you belong:

8. Are you now devoting a substantial portion of your professional time (more than 51%) to the practice of defense of civil litigation? YES ___ NO ___. If so, what percentage of your time is so spent? _____%
9. What area comprises the largest portion of your defense practice? (e.g., medical malpractice, automobile, product liability, workers' compensation, insurance coverage, appellate, etc.)

10. Initiation fee and first annual dues are enclosed (to be refunded if this application is not approved).
Initiation fee -\$75.00 _____
Annual dues if practicing 5 or more years -\$250.00 _____
Annual dues if practicing less than 5 years -\$50.00 _____
Total Enclosed _____

(NOTE: When any single law firm has paid in dues for its members an amount equal to ten times the highest membership class of dues, there will be no initiation fee for additional members and such additional members shall receive a discount of 50% of the dues hereinafter set forth.)

I am _____ am not _____ eligible for this discount.



11. Are you interested in participating in any of the following:

Editorial aspect of the *Trial Advocate Quarterly* _____

Contributing material to the *Trial Advocate Quarterly* _____

Occasionally writing a brief for Amicus Brief Program _____

Other (specify) _____

12. Are you a member of any of the following organizations?

_____ DRI _____ FDCC _____ IADC _____ ADTA _____ ABA

_____ Other: _____

Dated this day of _____ day of _____, 2 _____

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

Signature of applicant: _____

INSTRUCTIONS:

Please type or print all responses except signature. All portions of the application must be completed. Nominators must be members of the Association in good standing. Return the completed application with initiation fee and annual dues to the office of the Executive Director.

Linda L. Jude, Executive Director
Florida Defense Lawyers Association
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PO Box 260037
Tampa, Florida 33685
Phone: (813) 885-9888
Fax: (813) 885-5547
Email: ljude@fdla.org
www.fdla.org

I, a member of the Florida Defense Lawyers Association in good standing, hereby nominate this applicant for membership:

Signature: _____ Date: _____

Print/type name: _____

FDLA 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 Number: 59-2717926