



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: _____

Phone Number: _____

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. Please enclose first year dues (to be refunded if this application is not approved).

First year dues for all new members (regardless of years in practice) - \$50

After the first year:

Annual renewal dues if practicing less than 5 years - \$50.00

Annual renewal dues if practicing 5 or more years - \$250.00

(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, 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 _____, 20 _____

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. Return the completed application with a check for annual dues to the FDLA office. To pay by credit card, please visit www.fdma.org and complete the online application.

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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