



## 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. Initial 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 -\$225.00

Annual dues if practicing less than 5 years -\$125.00

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  
6105 M Memorial Highway  
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