**New/Renewal APPLICATION FOR MEMBERSHIP**

**Type of Membership: Renewal\_\_\_\_\_\_\_ New\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year Admitted to Practice: \_\_\_\_\_\_\_\_\_\_ Please Circle One: Associate Partner**

**Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Billing Contact Name/E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Areas of Practice:**  *Circle all that apply*

 Insurance Coverage/BadFaith Intellectual Property/Trademark Litigation Toxic Tort

 Labor & Employment Medical Malpractice Product Liability Professional Liability

 Business/Commercial Litigation Construction Workers Comp Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Join a Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a member of the Defense Research Institute (DRI)? Yes\_\_\_\_\_ No \_\_\_\_\_\_**

Do you certify that more than fifty percent (50%) of your professional time is devoted to the defense of civil matters and related issues on behalf of individuals or corporations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 a) Position or title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) Percentage of time devoted to handling claims or lawsuits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MassDLA Member Sponsor (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If accepted to membership, do you agree to abide by the By-Laws of the Association? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like to be listed on the MassDLA website searchable database? \_\_\_\_\_\_\_**

**Please enclose $195 for this year’s annual dues**

*(First year of MassDLA membership is free if admitted 5 years or less)*

**Please make your check payable to MassDLA and return it with your application to:**

**Massachusetts Defense Lawyers Association**

**151 Tremont Street ~ Suite 110, No.308**

**Boston, Massachusetts 02111-1151**