



Mississippi Defense Lawyers Association

Defending the Future of Mississippi

Application for Membership

(Please type or print)

Name _____
(Full Name - Last Name First)

Firm Name _____

Business Mailing Address _____
(P.O. Box or Street, City, State, Zip)

Business Telephone _____ Fax _____

E-mail _____

Date of Birth _____ Date Entered Practice _____

MS Bar # _____ DRI Member (circle) YES NO

Please indicate your primary area of practice:

- | | |
|---|--|
| <input type="checkbox"/> Alternative Dispute Resolution | <input type="checkbox"/> Medical Liability and Health Care Law |
| <input type="checkbox"/> Business Litigation | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Drug and Medical Device | <input type="checkbox"/> Toxic Torts and Environmental Law |
| <input type="checkbox"/> Employment and Labor Law | <input type="checkbox"/> Trial Tactics |
| <input type="checkbox"/> Governmental Liability | <input type="checkbox"/> Trucking Law |
| <input type="checkbox"/> Industry-wide Litigation | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Insurance Law | <input type="checkbox"/> Other: _____ |

In compliance with the MDLA Bylaws, I hereby declare that my representation in the handling of litigated cases is primarily for the defense and I meet the requirements as listed on the reverse side of this application.

(Date)

(Signature of Applicant)

For General Membership:
(Signatures of two nominators required)

(Signature of Nominator – MDLA General Member)

(Signature of Nominator – MDLA General Member)

For Associate Membership:
(Signature of one sponsor required)

(Signature of Sponsor – MDLA General Member)

Mail to: Mississippi Defense Lawyers Association, P.O. Box 5605, Brandon, MS 39047-5605

MISSISSIPPI DEFENSE LAWYERS ASSOCIATION

Application for Membership

I desire to become a member of the Mississippi Defense Lawyers Association, and if approved by the Membership Committee and Board of Directors, agree to abide by the association's bylaws. Further, I certify that I meet the requirements of the class of membership for which I apply, in accordance with Article III of the bylaws.

My check covering initiation fee and annual dues is enclosed.

Class of membership for which you are applying:

GENERAL (In Practice for Seven or More Years)

Requirements: (1) Member in good standing of the Mississippi State Bar; (2) In private practice and engaged, primarily for the defense and/or on behalf of management in handling and conducting litigation involving, by way of example and not in limitation, tort actions of all types, so-called Title VII and similar actions of labor, anti-trust and other commercial actions, or if not in private practice, then engaged in supervising or otherwise administratively dealing with such litigation for insurance carriers, utilities, railroads, manufacturers, and other industrial and commercial entities; (3) Continuously engaged in the activities described in (2) for seven consecutive years immediately prior to acceptance for general membership; and (4) Manifested a genuine interest in, or sympathy with, the purposes of this association as expressed in Article II of the bylaws.

Initiation Fee:	\$ 30.00
Annual Dues:	<u>200.00</u>
Total Due:	\$230.00

ASSOCIATE (In Practice for Less Than Seven Years)

Requirements: All of the requirements for general membership above except have practiced for less than seven years; and officially sponsored by a general member in good standing who is charged with the responsibility of notifying the association's executive director if the associate member ceases to meet the qualifications for membership described herein.

Associate members shall be entitled to full benefits of membership except they shall not be eligible to vote or to hold office.

Initiation Fee:	\$15.00
Annual Dues:	<u>0.00</u> First year waived (subsequent annual dues of \$125.00)
Total Due:	\$15.00