



P.O. Box 3240 | Auburn | AL | 36831

adla@adla.org | 334-395-4455 | www.adla.org

### 2024-2025 APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Alabama Bar #: \_\_\_\_\_  
(Please Print) (i.e. 1234-X56X)

Firm/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Administrator's Name & Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Date Admitted to Alabama Bar: \_\_\_\_\_

*(By providing the above, you are granting express consent to receive e-mails from ADLA.)*

**Areas of Practice (Select at least one):**

- Alternative Dispute Resolution
- Business Litigation
- Construction Law
- Drug and Medical Device
- Employment/Labor
- Governmental Liability
- In-house Counsel
- Insurance Defense
- Medical Liability/Health Care
- Products Liability
- Professional Liability
- Toxic Torts/Environmental
- Trucking Defense
- Workers' Compensation
- Other: \_\_\_\_\_

➤ **REQUIRED - Percentage of your civil litigation time devoted to defense representation – \_\_\_\_\_ (Must be greater than 51%)**

**Membership Categories:**

- \$250.00** – Active Member – Lawyer who has held a state Bar License 10 years or more, based upon the date admitted to first bar.
- \$200.00** – Young Lawyer – Age 40 or younger, or any member who has been practicing law for less than 10 years, regardless of age
- FREE** – Law School Student – A student who is enrolled in any Alabama law school and who expresses an interest in civil law practice for the defense.

*If accepted as a member, I agree to abide by the By-laws of this Association.*

\_\_\_\_\_  
**Applicant Signature (Required)** Date

➤ **REQUIRED** – Signatures of 2 sponsors who are current members of ADLA.

\_\_\_\_\_  
Sponsor #1 (Please Print) Sponsor #2 (Please Print)

\_\_\_\_\_  
Sponsor #1 (Signature) Sponsor #2 (Signature)

<b>OPTIONAL</b>	<p><i>ADLA is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which of the following may best describe them:</i></p>	<input type="checkbox"/> Male <input type="checkbox"/> African American <input type="checkbox"/> Hispanic	<input type="checkbox"/> Female <input type="checkbox"/> Asian American <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____  Date of Birth: _____
-----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

*ADLA 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 #63-0779651*

