



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

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

### 2024-2025 APPLICATION FOR UVWF GPV MEMBERSHIP

Name: \_\_\_\_\_ (Please Print) \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Anticipated I tcf wckqp [ gct: \_\_\_\_\_

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

#### Ej genitreas of r ractice { qw'ct g'lpvgt gwgf 'lp<

- 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: \_\_\_\_\_

#### Law School Student Membership

**FREE** – Law School Student – A student who is currently 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 3 rgcf gtuj kr "ur qpuqtu'cv" { qwt 'rcy 'uej qqn

\_\_\_\_\_  
Sponsor (Please Print 'Pco g' ( 'Rqulskp) Sponsor Uki pcwtg

<b>OPTIONAL</b>	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:	<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*

