

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

 $adla@adla.org \mid 334\text{-}395\text{-}4455 \mid www.adla.org$

2025-2026 MEMBERSHIP RENEWAL FORM

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 gran	nting express cons	sent 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 of the second of the seco	ivil litigation ti	me devoted to defense representation	on —	_ (Must be greater than 51%)	
□ \$250.00 – Active Member – Lawyer	who has held a	state Bar License 10 years or more 1	pased upon tl	ne date admitted to first bar	
□ \$200.00 - Young Lawyer - Age 40 o		•	•		
□ \$50.00 – Retired Member – Age 62 of	• •				
☐ FREE – Honorary Member – Age 70 10 consecutive years prior to retirement.				yer was a member of ADLA fo	
☐ FREE – Law School Student – A stupractice for the defense.	ident who is en	rolled in any Alabama law school and	d who expres	sses an interest in civil law	
Applicant Signature (Required)		Date			

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