



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

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2026-2027 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):

- | | | |
|---|--|--|
| <input type="checkbox"/> Alternative Dispute Resolution | <input type="checkbox"/> Governmental Liability | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Business Litigation | <input type="checkbox"/> In-house Counsel | <input type="checkbox"/> Toxic Torts/Environmental |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Insurance Defense | <input type="checkbox"/> Trucking Defense |
| <input type="checkbox"/> Drug and Medical Device | <input type="checkbox"/> Medical Liability/Health Care | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Products Liability | <input type="checkbox"/> 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)

OPTIONAL	<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>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Caucasian
		<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	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

