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2027-2028 APPLICATION FOR STUDENT MEMBERSHIP

Name: _____ Circle One- 1L 2L 3L
(Please Print)
Law School: _____ Phone: _____
Mailing Address, City, State & Zip: _____
Email: _____ Anticipated Graduation Year: _____

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

Check areas of practice you are interested in:

- | | | |
|---|--|--|
| ☐ Alternative Dispute Resolution | ☐ Governmental Liability | ☐ Professional Liability |
| ☐ Business Litigation | ☐ In-house Counsel | ☐ Toxic Torts/Environmental |
| ☐ Construction Law | ☐ Insurance Defense | ☐ Trucking Defense |
| ☐ Drug and Medical Device | ☐ Medical Liability/Health Care | ☐ Workers' Compensation |
| ☐ Employment/Labor | ☐ Products Liability | ☐ 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 1 leadership sponsors at your law school

Sponsor (Please Print Name & Position) Sponsor 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>	☐ Male	☐ Female	☐ Caucasian
		☐ African American	☐ Asian American	☐ Other _____
		☐ Hispanic	☐ 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