



APPLICATION FOR MEMBERSHIP

As a member ____ or Associate Member ____
(Please indicate type of membership)

Name: _____

Year Admitted to Practice: _____ *Please circle one:* Associate Partner

Firm: _____

Office Address: _____

Office Telephone: _____ E-mail: _____

Areas of practice: *Circle those that apply*

Insurance Litigation Commercial Litigation Intellectual Property Litigation

Labor & Employment Litigation Medical Malpractice Product Liability

Professional Liability Trademark Litigation Business Litigation Other: _____

Are you a member of the Defense Research Institute (DRI)? (yes or no): _____
Members of the MDLA qualify for a free one-year membership in DRI ~ Please visit www.dri.org for information

Do you certify that more than fifty percent (50%) of your professional time is devoted to matters related to the defense of civil matters on behalf of individuals or corporations? (yes or no) _____

If you are employed by an insurance company, self insured business or business, please state:

- a) Your position or title: _____
- b) The nature of your responsibilities: _____
- c) Percentage of time devoted to handling of claims or lawsuits: _____

MDLA Member Sponsor (if any): _____

If accepted to membership, do you agree to abide by the By-Laws of the Association?(yes or no) _____

Signed: _____ Dated: _____

Would you like to be listed on the MDLA website searchable database? (yes or no) _____

Please enclose \$100.00 for the first year's annual dues.
(First year of MDLA membership is free if admitted 5 years or less)

Please make your check payable to the MDLA and return with your application to:

**MASSACHUSETTS DEFENSE LAWYERS ASSOCIATION
276 WASHINGTON STREET ~ P.O. BOX 308
BOSTON, MASSACHUSETTS 02108**