

**NEW ORLEANS ASSOCIATION OF DEFENSE COUNSEL
APPLICATION FOR MEMBERSHIP**

The undersigned hereby furnishes the following information to the New Orleans Association of Defense Counsel:

1. Name _____
2. Office Address _____
3. If member or associate of a firm, please state the name of the firm and the number of years of association _____
4. Date of Birth _____
5. Years of admission to the bar _____
6. Names of colleges or universities attended and the dates of degrees which may have been awarded _____

7. Courts in which you are admitted to practice _____

8. Names of the Bar Associations and professional organization of which you are a member _____

9. Do you or does any member of your firm belong to American Trial Lawyers Association (formerly N.A.C.C.A.) or any similar organization? If so, give the names of the members and the names of the organizations _____
10. For how many years preceding this application have you continuously devoted a substantial portion of your professional practice to the representative of insurance companies or to defense work? _____
11. What is your email address? _____

Dated this _____ day of _____

Signature