

**APPLICATION FOR MEMBERSHIP IN ASSOCIATION OF DEFENSE TRIAL ATTORNEYS**  
*"An Association of Attorneys who Provide a Complete Legal Service to  
Persons or Companies who Require Defense"*

Applying for \_\_\_\_\_ Prime Membership \_\_\_\_\_ Associate Membership (check one)                      DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

SPOUSE/PARTNER'S NAME: \_\_\_\_\_

**OFFICE ADDRESS**

**HOME ADDRESS**

P. O. Box/Street: \_\_\_\_\_

\_\_\_\_\_

City/State Or  
Province/Zip: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Office Fax Number: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Spouse/Partner's Email \_\_\_\_\_

Firm Website: \_\_\_\_\_

**How Many in Firm?** \_\_\_\_\_ **Partners** \_\_\_\_\_ **Associates** \_\_\_\_\_

1. Give a brief biography of yourself, including education, honors, public and civic offices held, writings published, etc. (or attach resume)
  
2. Bar admissions with dates: \_\_\_\_\_  
List professional and civic organizations of which you are a member.
  
3. Describe briefly your firm and territory covered; summarize your experience in handling defense matters.
  
4. I am not an in-house counsel, insurance company employee, or member of an insurance company captive law firm.

**SIGNATURE:** \_\_\_\_\_ **RECOMMENDED BY:** \_\_\_\_\_

Where space is inadequate, use extra sheet or reverse side. Please put ZIP or POSTAL CODE on all addresses and AREA CODE on all phone numbers (firm, home, and client).

**ASSOCIATION OF DEFENSE TRIAL ATTORNEYS  
INFORMATIONAL SHEET FOR MEMBERSHIP REQUIREMENTS**

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A trial lawyer handling principally defense of claims at the request of insurance companies and self-insurers, with more than five (5) years defense trial experience is eligible. Corporate counsel and employees of insurance companies or self-insureds are ineligible for membership.

**Prime Members:** The first lawyer member from a firm is the prime member. There can only be one Prime Member from any town, city, or metropolitan area of less than a million population. One additional Prime Member is allowed for each additional one million population, or portion thereof, for a city or metropolitan area.

**Associate Members:** Partners or associates of a Prime Member are eligible and encouraged for membership as Associate Members, at the will of the Prime Member.

**Membership Dues:** Prime Members' annual dues for the fiscal year beginning April 1st are \$750, regardless of the size of the city. Associates' dues are \$575. In addition,

- (1) The Prime Member is expected to be a member of Defense Research Institute (DRI).
- (2) Associate Membership terminates upon the death or disqualification for membership of the Prime Member. However, the Associate Member may then apply for the Prime Membership, if qualified.

**Membership Term:** The membership year for a Member (Prime or Associate) extends from April 1st to March 31st of the following year.

*PLEASE NOTE, HOWEVER,* that in the event that the Prime Member from a firm terminates his/her membership in the Association, all Associate Members from that firm will be terminated as of the same date as the Prime Member, no matter what the condition of their dues.

**ADTA Membership Expectation:** In the event a Prime member does not attend an annual meeting for four (4) consecutive years, an additional Prime member shall be allowed to join from that Prime member's city, town, municipality or metropolitan area. In computing the four-year period, attendance of an Associate member of the Prime shall count as attendance by the Prime member. A Prime member who has not attended an annual meeting for four consecutive years due to health, hardship or other extenuating circumstances may petition the Executive Council not to allow an additional Prime member.

**Membership Chairman:**

Jeanne F. Loftis  
Bullivant Houser Bailey, P.C.  
One SW Columbia Street, Suite 800  
Portland, OR 97204

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