

KTLA Membership Application

Please return application to the Kansas Trial Lawyers Association headquarters:

Mail: 719 SW Van Buren, Ste. 222, Topeka, KS 66603.

Email: info@ktla.org. **Fax:** 785-232-7730.

Full Name: _____ Preferred Name: _____

Kansas Bar No.: _____ Other State(s) of Admission: _____

Firm/Business Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____ Business County: _____

Email: _____ Website: _____

Social Media: _____

Legal Assistant/Paralegal Name: _____

Legal Assistant/Paralegal Email: _____ Phone: _____

Home Address: _____

(Home information used for government affairs purposes only)

Date of Birth: _____ Gender: F M

Law School: _____ Bar Admission Year: _____

I have been recommended for KTLA membership by: _____

I am a current member of the American Association for Justice (AAJ): Yes No I Don't Know

MEMBERSHIP

You qualify for Sustaining (Regular) Membership if your practice primarily consists of civil law, criminal defense, and/or workers compensation claimants. You qualify as a Subscribing (Defense) Member if your practice primarily consists of defense of tort litigation and/or defense of workers compensation claims. For current dues, please visit www.ktla.org or contact 785-232-7756.

Please check the membership type for which you qualify.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Sustaining (Regular) | <input type="checkbox"/> Law Student |
| <input type="checkbox"/> Subscribing (Defense) | Current Law School: _____ |
| <input type="checkbox"/> Law School Faculty | Anticipated Graduation Year: _____ |
| <input type="checkbox"/> Judge or State of Kansas Attorney | <input type="checkbox"/> Paralegal |

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> New Attorney (<i>1st five years in practice</i>) | <input type="checkbox"/> First-Time Member |
| <input type="checkbox"/> Retired Attorney | <i>(1st year in KTLA only; not previously a member)</i> |

PAYMENT INFORMATION

- Enclosed is my check payable to the Kansas Trial Lawyers Association Please send me an invoice for my dues.
 Please charge my credit card:

Account: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

By providing my mailing address, email address, telephone and fax number, I agree to receive communications sent by or on behalf of the Kansas Trial Lawyers Association, Legacy of Justice Foundation and KTLA Consumer/Civil Justice PAC via mail, email, telephone or fax.

Signature: _____ Date: _____