



Membership Application

Name	Preferred name
Gender	Date of birth
Cell phone	Email
Company name	Website
Address	Zip code
County	Office phone
Date admitted to practice	Law school
Ohio Attorney Registration number	
Other states admitted to practice	
Have you ever been disbarred or suspended from the practice of law in any state? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, use the back of this form or attach additional pages to describe	
Referred by	

Practice Areas

- | | |
|---|--|
| <input type="checkbox"/> Business Torts | <input type="checkbox"/> Medical Negligence |
| <input type="checkbox"/> Consumer Law | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Civil Rights Law | <input type="checkbox"/> Probate Law |
| <input type="checkbox"/> Employment Law | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Trucking Litigation |
| <input type="checkbox"/> Federal Courts | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Insurance Law | <input type="checkbox"/> Criminal Defense |
| <input type="checkbox"/> Mass Torts | <input type="checkbox"/> Other |

If you practice defense (aside from criminal defense), please include the practice area and the percentage of your overall work.

Annual Dues

< 2 years practicing	\$55
2-5 years practicing	\$250
6-10 years practicing	\$300
11-15 years practicing	\$350
15+ years practicing	\$395
Student	\$25
Government attorney	\$100
Retiree	\$35

Credit Card Payment

Name on card	
Card #	Exp.

REQUIRED: All members of the Ohio Association for Justice are required to abide by the policy for use of the listservs, including any other electronic communication platforms or services that may be provided by the Association to its members. The policy can be reviewed at oajustice.org/listserv-policy.

- I agree to abide by OAJ's listserv policy

OAJ is periodically asked to share mailing addresses or business phone numbers with vendors providing services unique to trial attorneys.

- I do not wish to have OAJ share my contact information with others

All membership applications are subject to Board approval. Applicants will be notified within 60 days of submission if the application cannot be processed for any reason.

I have read the provision of this application and hereby state that I am qualified for OAJ membership. I agree with OAJ's objectives and agree to abide by its Operating Articles and Bylaws found at oajustice.org/articlesbylaws.

Signature _____

Please return completed application with credit card information or check to:

655 Metro Place South, Suite 140
Dublin, OH 43017
Phone: 614.341.6800
Fax: 614.341.6810