



## Membership Application

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender M F DOB \_\_\_\_\_

Assistant \_\_\_\_\_ Assistant Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company/Firm Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Web \_\_\_\_\_

Ohio Attorney Registration # \_\_\_\_\_ Ohio Admission Date \_\_\_\_\_ Other States Admitted \_\_\_\_\_

Law School \_\_\_\_\_ Law School Graduation Date \_\_\_\_\_

Ohio House District # \_\_\_\_\_ Ohio Senate District # \_\_\_\_\_ US Congress District # \_\_\_\_\_ Ohio Appellate District # \_\_\_\_\_ Political Party \_\_\_\_\_

Referred By \_\_\_\_\_

### \*MEMBERSHIP REQUIREMENTS\*

*Article II of OAJ's Code of Regulations, Membership, Section 1, states:*

"Any person who is licensed to practice law in the State of Ohio; one who is committed and devoted to the concept of a fair trial, the adversary system, and a just result for the injured, the accused, and for those whose rights are jeopardized; who pays dues in a timely manner; who adheres to the objectives of this Association; who is not primarily engaged in the defense of tort litigation or the defense of workers' -compensation claims; and who is not a member of a firm primarily engaged in the representation of corporations or insurance companies or in the defense of civil litigation or workers' compensation claims, unless the applicant provides personal recommendations from at least two current Association board members in support of the application."

**All membership applications are subject to Board approval.**

Applicants will be notified within 15 business days of submission if the application cannot be processed for any reason.

**Please read and sign:**

"I have read the provision of this application and hereby state that I am qualified for OAJ membership. I agree with the Association objectives, and further, to abide by the Association's Code of Regulations."

X \_\_\_\_\_

### Annual Dues – Regular Membership

<input type="checkbox"/> Student	\$25
<input type="checkbox"/> Government Attorney	\$100
<input type="checkbox"/> Practicing 2 years or less	\$55
<input type="checkbox"/> Practicing 2 years to 5 years	\$250
<input type="checkbox"/> Practicing 5 years to 10 years	\$300
<input type="checkbox"/> Practicing 10 years to 15 years	\$350
<input type="checkbox"/> Practicing 15 years +	\$395
<input type="checkbox"/> Retired	\$35

Amount of Dues \$ \_\_\_\_\_

\_\_\_ Check enclosed payable to "Ohio Association for Justice"

\_\_\_ Credit Card:  Visa  MC  Amex

Name as it appears on credit card \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code # \_\_\_\_\_

Signature \_\_\_\_\_

*Dues are not deductible as charitable contribution for federal income tax purposes. However, dues may be deducted as a business expense, subject to IRS regulations.*

### SECTIONS

Your membership dues cover involvement in sections. Please indicate what areas you practice in so we can keep you informed of section meetings, seminars, etc.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Employment Law     | <input type="checkbox"/> Medical Negligence    | <input type="checkbox"/> Business Torts      |
| <input type="checkbox"/> Environmental Law  | <input type="checkbox"/> Family Law            | <input type="checkbox"/> Federal Courts      |
| <input type="checkbox"/> Criminal Law       | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Mass Torts          |
| <input type="checkbox"/> Negligence Law     | <input type="checkbox"/> Insurance Law         | <input type="checkbox"/> Trucking Litigation |
| <input type="checkbox"/> Products Liability | <input type="checkbox"/> Social Security       |  |
| <input type="checkbox"/> New Lawyers        | <input type="checkbox"/> Consumer Law          |  |

*Please identify the percentage that best describes the nature of your practice for the following areas. This section must be completed in order for your application to be processed.*

#### Defense Representation

Employment Law \_\_\_\_\_%

Medical Negligence \_\_\_\_\_%

Workers Comp \_\_\_\_\_%

Family Law \_\_\_\_\_%

Criminal Law \_\_\_\_\_%

Products Liability \_\_\_\_\_%

Negligence Law \_\_\_\_\_%

Insurance Law \_\_\_\_\_%

Consumer Law \_\_\_\_\_%

Social Security \_\_\_\_\_%

Environmental Law \_\_\_\_\_%

Business Torts \_\_\_\_\_%

Federal Courts \_\_\_\_\_%

Mass Torts \_\_\_\_\_%

Trucking Litigation \_\_\_\_\_%

Other (describe) \_\_\_\_\_%

#### Plaintiff's Representation

Employment Law \_\_\_\_\_%

Medical Negligence \_\_\_\_\_%

Workers Comp \_\_\_\_\_%

Family Law \_\_\_\_\_%

Criminal Law \_\_\_\_\_%

Products Liability \_\_\_\_\_%

Negligence Law \_\_\_\_\_%

Insurance Law \_\_\_\_\_%

Consumer Law \_\_\_\_\_%

Social Security \_\_\_\_\_%

Environmental Law \_\_\_\_\_%

Business Torts \_\_\_\_\_%

Federal Courts \_\_\_\_\_%

Mass Torts \_\_\_\_\_%

Trucking Litigation \_\_\_\_\_%

Other (describe) \_\_\_\_\_%

There will be a \$50 application fee that will be assessed for all applicants NOT approved for Ohio Association for Justice membership.

***Please Return Application with Payment to: Ohio Association for Justice***  
 655 Metro Place South, Suite 140 Dublin, OH 43017 • Phone 614.341.6800 • Fax 614.341.6810