



Ontario Trial Lawyers Association Membership Application – Specialized Sections

Fee Period February 1st, 2019 – January 31st, 2020

Applicant Information

Dr. Mr. Mrs. Ms.

Full Name: _____
First Middle Last Suffix

Preferred First Name: _____ Date of Birth: _____
Month / Day / Year

Law School: _____ Call to the Bar: _____
Month / Year

Firm Information

Firm Name: _____

Firm Address: _____

City Prov. Postal Code

Firm Telephone: _____ Firm Fax: _____

Firm Email: _____

Firm Website: _____

Section Membership

Specialized Sections - Optional and in addition to annual membership fees:

- Long Term Disability Section \$125.00 + \$16.25 HST = \$141.25
- Medical Malpractice Section \$125.00 + \$16.25 HST = \$141.25

Medical Malpractice Section Certification: *I certify that 0% of my direct or indirect billings or time is derived from the defence of medical malpractice actions on behalf of institutional defendants, including insurance companies, and self-insuring corporate defendants, currently and for the full twelve month period immediately preceding this application.*

- I certify that 0% of my direct or indirect billings or time is derived from the defence of medical malpractice actions on behalf of institutional defendants.
- I certify in the past 12 months I have had no medical malpractice defence work.

I confirm that I am committed to the principles set out in The OTLA Code found at www.otla.com. Payment of this application constitutes your commitment to The OTLA Code.

Signature: _____ Date: _____

* **Membership fees are subject to HST #R129967998.** Applications will not be processed until payment is received. All applications are reviewed prior to approval. Once approved new memberships will be processed within five business days. Fees are paid on an annual basis covering the period February 1st to January 31st. Membership is with the individual and is non-transferable within a firm. Members must maintain eligibility throughout the year, non-eligible members will be inactivated. Membership fees are not pro-rated and are non-refundable.

Payment Information

Enclosed is my cheque in the amount of \$ _____

Payable to: Ontario Trial Lawyers Association
Mail to: 1190 Blair Road
Burlington, ON L7M 1K9
Fax: (905) 639-3100

Please charge my credit card in the amount \$ _____

Credit Card: Visa MasterCard American Express

Credit Card Number: _____ Expiry Date: _____

Cardholder: _____ Security Code: _____

Visit OTLA online at www.OTLA.com

Questions? Contact OTLA Member Services: 1-800-567-3047 or membership@otla.com