



Ontario Trial Lawyers Association

Membership Application - Lawyer



Fee Period: October 1, 2019 – January 31st, 2021

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: _____

Membership Fees

- New Member Discounted Rate: \$275.00 + \$35.75 HST = \$310.75
* Rate applies if you have never been an OTLA member, or have not been a member in the past 2 years
- 5 Years or less from Call: \$385.00 + \$50.05 HST + \$50.00 Access to Justice Assessment = \$485.05
- 6 Years or more from Call: \$695.00 + \$90.35 HST + \$100.00 Access to Justice Assessment = \$885.35
- Out of Province Lawyer: \$200.00 + \$26.00 HST + \$25.00 Access to Justice Assessment = \$251.00

*** 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. An assessment for Access to Justice Fund will be applied to all membership fees. 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 until such time as a *Recertification by Solicitor* can be provided. Membership fees are not pro-rated and are non-refundable.

Certification by Solicitor

I hereby certify that: I am licensed to practice law; my primary occupation is the practice of law; no more than 5% of my direct billings or time is derived from the defence of claims brought against institutional defendants, including insurance companies and their insureds, Boards of Education and self-insuring corporate defendants; currently and for the full six month period immediately preceding this application.

- I certify that I am licensed to practice law, and my primary occupation is the practice of law.
- I certify that no more than 5% of my direct billings or time is derived from the defence of claims brought against institutional defendants.
- I certify that in the past 6 months I have had no more than 5% institutional 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: _____

Areas of Practice

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative Law | <input type="checkbox"/> Environmental Law | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> ADR / Mediation | <input type="checkbox"/> Family Matrimonial | <input type="checkbox"/> Real Estate Law |
| <input type="checkbox"/> Assault / Sexual Assault | <input type="checkbox"/> Immigration Law | <input type="checkbox"/> Securities Law |
| <input type="checkbox"/> Bankruptcy & Insolvency | <input type="checkbox"/> Intellectual Property Law | <input type="checkbox"/> Slip & Falls |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Long Term Disability | <input type="checkbox"/> Tax Law |
| <input type="checkbox"/> Corporate Commercial Law | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Wills, Estates, Trusts Law |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Motor Vehicle Accidents - Torts | <input type="checkbox"/> Workplace Safety & Insurance Law |
| <input type="checkbox"/> Employment / Labour Law | <input type="checkbox"/> Motor Vehicle – Accident Benefits | <input type="checkbox"/> Other |

Section Membership

- New Lawyers Division (less than 10 years from Call to the Bar) - no additional cost
- Women Trial Lawyers Caucus - no additional cost

Specialized Sections - Optional and in addition to annual fees:

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

**Section Fees are subject to HST #R129967998*

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.

Signature: _____ Date: _____

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: _____

Join Online at www.OTLA.com

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