



**PERSONAL INFORMATION**

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Primary Staff Contact and Email \_\_\_\_\_

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

Year First Licensed \_\_\_\_\_ State \_\_\_\_\_

West Virginia Bar Number \_\_\_\_\_ WV Bar Date \_\_\_\_\_

**PRACTICE INFORMATION**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Abuse and Neglect   | <input type="checkbox"/> Criminal Defense  | <input type="checkbox"/> Labor               | <input type="checkbox"/> Social Security   |
| <input type="checkbox"/> Administrative      | <input type="checkbox"/> Deliberate Intent | <input type="checkbox"/> Legal Malpractice   | <input type="checkbox"/> Toxic Torts       |
| <input type="checkbox"/> Appellate           | <input type="checkbox"/> Elder Law         | <input type="checkbox"/> Mediation           | <input type="checkbox"/> Wills and Estates |
| <input type="checkbox"/> Asbestos/Silicosis  | <input type="checkbox"/> Employment        | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Workers Comp.     |
| <input type="checkbox"/> Auto Accidents      | <input type="checkbox"/> Environmental     | <input type="checkbox"/> Personal Injury     | Other<br>_____<br>_____<br>_____           |
| <input type="checkbox"/> Aviation            | <input type="checkbox"/> ERISA             | <input type="checkbox"/> Premises Liability  |  |
| <input type="checkbox"/> Bankruptcy          | <input type="checkbox"/> Family            | <input type="checkbox"/> Product Liability   |  |
| <input type="checkbox"/> Civil               | <input type="checkbox"/> General Practice  | <input type="checkbox"/> Professional Neg.   |  |
| <input type="checkbox"/> Civil Rights        | <input type="checkbox"/> Government Atty.  | <input type="checkbox"/> Public Interest     |  |
| <input type="checkbox"/> Constitutional      | <input type="checkbox"/> Guardian Ad Litem | <input type="checkbox"/> Railroad            |  |
| <input type="checkbox"/> Consumer Protection | <input type="checkbox"/> Insurance         | <input type="checkbox"/> Real Estate         |  |

# MEMBERSHIP CERTIFICATIONS

## General Certification *(Must be initialed by all applicants)*

\_\_\_\_\_ I apply for membership in the West Virginia Association for Justice. I certify that I am a member in good standing of the West Virginia State Bar and/or licensed to practice law in any state or territory of the United States. I am committed and devoted to the concept of fair trial, the adversary system, the jury system and a just result for the injured and those whose constitutional and legal rights are jeopardized.

## Regular Membership Certification

*(Must be initialed by applicants applying for Regular Membership; Regular Membership is required to vote, hold office and have access to the listserv. Applicants may request a waiver by checking the box below and providing a written request. The executive committee and/or its appointed designees will review all requests and determine whether the waiver will be granted.)*

\_\_\_\_\_ I certify that my practice—and the practice of the firm with which I am affiliated—does not include the defense of personal injury claims, workers compensation claims, wrongful death claims, and/or the representation of other interests adverse to consumers, workers and the mission of the West Virginia Association for Justice.

I request a waiver from the executive committee on this certification. I have attached my written statement to this application stating why I believe the Association and its executive committee should grant this waiver. I agree to provide any additional information which may be needed for the executive committee to make its determination. \_\_\_\_\_ (Initial)

## Legal Assistant Certification *(Must be initialed by all legal assistant applicants)*

\_\_\_\_\_ I am currently employed by a member of the West Virginia Association for Justice. I have successfully completed a curriculum of training as a legal assistant or my attorney/ employer attests that I have qualified by training or experience.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

***All membership applications are subject to the review of the WVAJ executive committee and/or board members practicing in your county and/or circuit court district.***

# MEMBERSHIP CATEGORIES

## Regular Membership - Admitted to Practice Law

- 0 - 2 Years Free
- More than 2, but less than 5 \$195
- More than 5, but less than 10 \$295
- More than 10, but less than 15 \$345
- More than 15 \$395

## Associate Memberships

- Retired WVAJ Attorney \$100

*Must be a former WVAJ member and be listed as inactive with the WV Bar*

- Court-Appointed, Panel Attorney \$75

*Practice must be comprised of 75 percent or more court-appointed work to qualify*

- Government/Public Service \$70

*Must be a full-time attorney for a government agency or in the public service sector (i.e. Legal Aid)*

- Law Professor \$70

*Must be a full-time professor of law at an accredited law school*

- Law Student \$20

- Legal Assistant

- 0 - 5 years \$35

- More than 5 years \$50

- Paralegal Student \$20

# PAYMENT INFORMATION

- Check (payable to West Virginia Association for Justice)

- Credit Card (WVAJ accepts Visa, Master Card, American Express and Discover)

Card No. \_\_\_\_\_ Exp \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

***Mail your completed application, payment and certification form to  
WVAJ, P. O. Box 3968, Charleston, West Virginia 25311.***

***If paid by credit card, fax to (304)343-7926 or email to [debra.lee@wvaj.org](mailto:debra.lee@wvaj.org)***