



WEST VIRGINIA  
ASSOCIATION *for*  
JUSTICE

## APPLICATION FOR MEMBERSHIP

### PERSONAL INFORMATION

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

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

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

Mobile (optional) \_\_\_\_\_ County \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Primary Staff Contact \_\_\_\_\_

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

First Licensed \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

West Virginia License Number \_\_\_\_\_ West Virginia Bar Date \_\_\_\_\_

### PRACTICE INFORMATION (CHECK UP TO 5)

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

## MEMBERSHIP CATEGORIES

- Regular Membership – Admitted to Practice Law:
  - 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 Membership:

- Government/Public Service \$70  
*Must be a full-time attorney for a governmental 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  
*Must be employed by WVAJ member attorney*
  - 0-5 Years \$35
  - More than 5 Years \$50
- Paralegal Student \$20

# 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 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, wrongful death claims, workers compensation 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 in good standing 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.***



Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Does your criminal defense practice include work as a court-appointed public defender?  Yes  No

If yes, percentage of practice that includes public defender services \_\_\_\_\_

Does your practice include work as a court-appointed guardian ad litem?  Yes  No

If yes, percentage of practice that includes public defender services \_\_\_\_\_

In which counties do you provide court-appointed services?

\_\_\_\_\_  
\_\_\_\_\_

**Consumer Law Section Certification (initial each and sign)**

\_\_\_\_\_ I certify that my practice—and the practice of the firm with which I am affiliated—does not include insurance defense, the representation of commercial defendants in consumer law cases and/or the representation of other interests who have harmed consumers through abusive and fraudulent practices.

- I request a waiver from this certification, and I have attached a written statement outlining why I believe the waiver should be granted.

\_\_\_\_\_ I understand that the information shared on the West Virginia Association for Justice Criminal Defense Law Section listserv is confidential and should not be forwarded or shared without the express consent of the author.

Signed \_\_\_\_\_ Date \_\_\_\_\_