

**THE ASSOCIATION OF LIFE INSURANCE COUNSEL**  
400 W. Wilson Bridge Road, Ste. 120  
Worthington, OH 43085  
(614) 228-4733 (Office) • (614) 221-1989 (Fax)  
www.ALIC.cc

**APPLICATION FOR MEMBERSHIP**

An applicant to become a member of The Association of Life Insurance Counsel (ALIC) must be engaged in the practice of law in the United States or Canada either:

- as home office counsel of a legal reserve life insurance company
  - with a minimum of five (5) years in the practice of law; or
- as a lawyer in private practice who represents a legal reserve life insurance company
  - if he/she devotes more than one-half of practice time to providing legal services to one or more legal reserve life insurance companies or one or more recognized insurance industry associations operating in the general field of legal reserve life insurance AND
  - has a minimum of ten (10) years in the practice of law; or
- as home office counsel of a non-life insurance company affiliated with a legal reserve life insurance company;
  - if he/she devotes more than one-half of practice time to providing legal services to a legal reserve life insurance company or group of legal reserve life insurance companies with which the applicant's company is affiliated AND
  - if he/she has a minimum of five (5) years of experience practicing law; or
- as a member of the legal staff of a recognized insurance industry association operating in the general field of legal reserve life insurance as shall be approved by the Board of Governors.

In addition to meeting the above criteria and completing this application, applicants must also supply evidence of active involvement and leadership in the life insurance industry, scholarly contributions (such as seminar participation and publications) to the life insurance industry or to ALIC and/or a specialized expertise in the life insurance industry.

1.

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*Name*

*Title*

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*Company, Firm or Organization*

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*Business Address*

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*Telephone Number*

*Extension*

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*Fax Number*

*Email*

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*Familiar Name (Optional, to appear in ALIC Membership Book and on Name Badge)*

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*Spouse Name*

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*Residence Address*

*Home Phone*

2. **Eligibility** - I hereby certify that I meet the following eligibility requirement for membership: (check and complete the applicable requirement):

- a. Home office counsel with a legal reserve life insurance company, or home office counsel with an affiliate of a legal reserve life insurance company devoting more than one-half of practice time to providing legal services to an affiliated legal reserve life insurance company or an affiliated group of legal reserve life insurance companies.

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*(Employer)*

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*(Primary legal reserve life insurance company, if different, and nature of affiliation with Employer)*

**OR**

- b. Lawyer in full-time private practice **devoting a substantial portion (generally more than one-half) of practice time to providing legal services to one or more legal reserve life insurance companies or recognized insurance industry associations** operating in the general field of legal reserve life insurance.

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*(Name of Law Firm)*

**OR**

- c. Member of the legal staff of a recognized insurance industry association operating in the general field of legal reserve life insurance.

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*(Name of Association)*

### 3. Background Information

*Please attach your biography covering each of the following items:*

- (a) Educational background*
- (b) Professional history (including dates)*
- (c) Professional or other associations*

### 4. Bar Admissions

*Please list the jurisdictions in which you are admitted to the practice of law:*

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## 5. Proposing Letters

*All applications must be supported by a letter proposing you for membership from an active member of the association. If you are a lawyer in private practice, the active member proposing you for membership must be an in-house counsel with a legal reserve life insurance company or on the legal staff of a recognized insurance industry association operating in the general field of legal reserve life insurance, and the letter should address the requirements set forth in 2(b) above. Letters, as well as the application, should be sent to the Secretary-Treasurer of the Association at the address shown above.*

*Name and affiliation of proposing member:*

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The undersigned Applicant agrees to pay annual membership dues in accordance with the Bylaws and to notify the Board of Governors promptly with respect to any event that would cause me to cease to satisfy the conditions of Active Membership set forth in the Bylaws (which can be viewed on the Association's website at [www.alic.cc](http://www.alic.cc)).

*Dated:*

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*Applicant (signature)*

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*Applicant (print or type name)*

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