



Minnesota Defense Lawyers Association Application for Membership

Name and ID #: _____ Date: _____

Law Firm/Employer (If Applicable): _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Direct Phone Number: _____ Office Phone Number: _____

Fax Number: _____ E-mail Address: _____

(By providing a fax and e-mail address, you are agreeing to receive fax or e-mails communications from the association that may contain a message of a commercial nature.)

Legislative District (Home): _____ (If unknown, go to www.house.leg.state.mn.us or call 651-296-2146)

Member of the Bar (1-5 years) - \$150

Member of the Bar (5+ years) - \$230

Member of the Bar (First year) - \$0

Retired - \$30

Law Student - \$20

I, _____, do hereby apply for membership in the Minnesota Defense Lawyers Association and do hereby certify that: (initial appropriate line)

_____ I am an attorney primarily involved in the defense of civil actions in the State of Minnesota, or

_____ I am a law student interested in working in the defense of civil actions not clerking or providing other services (e.g., investigator, runner) in a law firm predominately devoted to plaintiffs' work and/or the MNAJ.

Admitted to practice: Month _____ Year _____ Current member of DRI: Yes ___ No ___

Areas of practice and specialization, (or areas of interest if law student applicant):

- | | | |
|---|---|---|
| <input type="checkbox"/> ADR | <input type="checkbox"/> Employment | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Appellate | <input type="checkbox"/> Environmental | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Auto: No Fault | <input type="checkbox"/> General Litigation | <input type="checkbox"/> Subrogation |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Governmental Liability | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Insurance Coverage | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Dram Shop | <input type="checkbox"/> Other (please specify) _____ | |

Check (made payable to MDLA) VISA MasterCard American Express

Note: If you are paying via credit card, the following fields are mandatory.

Name (as it appears on card): _____ Cardholder Phone: _____

Cardholder Address (if different from above): _____

City: _____ State: _____ ZIP Code: _____

Credit Card Number: _____ Exp. Date: _____ Sec. Code: _____

Cardholder Signature: _____

I agree to abide by the bylaws of the Minnesota Defense Lawyers Association.

Date: _____ Signed _____

Send check payable to:
MDLA
1000 Westgate Drive, Suite 252
St. Paul, MN 55114
Phone: (651) 290-6293
Fax: (651) 290-2266
info@mdla.org

Please Note: MDLA has taken the appropriate steps to maintain PCI compliance. In order to protect your privacy, please do not email your credit card information to our office. MDLA is exempt from Federal taxation under IRC 501(c)(6) As a result, membership dues are not tax deductible as a charitable contribution; they may not be deductible as a business expense.

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		