



NORTH CAROLINA ASSOCIATION OF DEFENSE ATTORNEYS

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Toll Free: (800) 233-2858

www.ncada.org

APPLICATION FOR PARALEGAL MEMBERSHIP

NAME _____ NCSB CP# _____

Employer _____ # of Years _____

Mailing Address _____
Street/PO _____ City _____ State _____ Zip _____

Telephone # (____) _____ Cell (____) _____ Email: _____

Undergraduate _____ Year _____ Degree _____

Other _____ Year _____ Degree _____

OTHER LEGAL AFFILIATIONS

Do you belong to ATLA, Advocates for Justice or any similar organization? Yes No

****The Certifications required for membership in these organizations are deemed inconsistent with the certifications required for membership in the Defense Attorneys Association. Membership by another member of your firm in these associations, however, does not disqualify an otherwise qualified candidate from membership in the NCADA.****

Are you certified by the North Carolina State Bar as a professional paralegal? Yes No

Of the total numbers of damage cases personally worked on by you during the past 3 years, what percentage was on behalf of plaintiffs? _____%

Number of years preceding this application you have continuously devoted a substantial portion of your professional time to the representation of individual defendants or businesses in civil litigation: _____

Areas of practice and specialization:

- | | | |
|---|--|---|
| <input type="checkbox"/> Alternative Dispute Resolution | <input type="checkbox"/> General Litigation | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Commercial Litigation | <input type="checkbox"/> Insurance Coverage | <input type="checkbox"/> Subrogation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Motor Vehicle Liability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Product Liability | |

NCADA Practice Group Interest:

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Employment | <input type="checkbox"/> Government | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Construction | <input type="checkbox"/> General Liability | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Worker's Compensation |

OPTIONAL

NCADA is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which one of the following may best describe them:

- | | | |
|--|---------------------------------------|-----------------------------------|
| <input type="radio"/> Male | <input type="radio"/> Female | <input type="radio"/> LBGTQ |
| <input type="radio"/> African American | <input type="radio"/> Asian American | <input type="radio"/> Caucasian |
| <input type="radio"/> Hispanic | <input type="radio"/> Native American | <input type="radio"/> Other _____ |

Date of birth _____
month/day/year

If accepted as a member, I agree to abide by the By-Laws of this Association (see excerpt on reverse side).

Date: _____

Applicant Signature: _____

Nominator (Please print name.)

Nominator's Signature