



NORTH CAROLINA ASSOCIATION OF DEFENSE ATTORNEYS

4441-106 Six Forks Road #107, Raleigh, NC 27609

Ph: (919) 239-4463

www.ncada.org

APPLICATION FOR MEMBERSHIP

Name _____ NC State Bar # _____

Employer _____ # Yrs. _____ Position/Title _____

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

E-Mail _____ Ph# _____ Cell# _____

Law School _____ Year _____ Degree _____

Undergraduate _____ Year _____ Degree _____

Certified Mediator Yes No

OTHER LEGAL AFFILIATIONS

Are you a member of 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 NCADA.

What percentage of your practice representation is on the behalf of individual defendants or businesses in civil litigation: _____%

What percentage of your practice is on behalf of plaintiffs in personal injury and/or workers' compensation cases? _____%

Do you belong to the DRI IADC FDCC CLM, or any similar organization _____.

In order to maximize educational and networking opportunities for our members, NCADA has established practice groups which focus more narrowly on specific practice areas. NCADA believes that belonging to one or more practice groups greatly enhances the value of your membership and thus offer them free of charge. Please indicate which practice groups you wish to join by marking the corresponding box(es) below.

- Practice Groups:
- General Liability
 - Commercial
 - Governmental Liability
 - Alternative Dispute Resolution
 - Product Liability
 - Employment
 - Construction
 - Medical Malpractice
 - Workers' Compensation
 - Young Lawyers

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:

- Male
- African American
- Hispanic
- Date of birth _____
month/day/year
- Female
- Asian American
- American Indian
- Genderqueer/Non-Binary
- Caucasian
- Multiracial

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's Signature

Nominator's Signature

(Please print name.)

(Please print name.)