

**LOUISIANA ASSOCIATION OF DEFENSE COUNSEL
APPLICATION FOR MEMBERSHIP**

1. NAME: Mr./Miss/Mrs. _____
2. FIRM NAME: _____
Office Address: _____
E-Mail Address: _____ Office Telephone# _____
Fax No: _____
3. Home Address: _____
Home Telephone # _____ Spouse's Name: _____
4. If member or associate of firm, state number of years of association: _____
5. Date of birth: _____ Year of Admission to Bar: _____
6. Names of colleges and universities attended and the dates of degrees awarded: _____

7. Courts in which you are admitted to practice: _____

8. Names of bar associations and professional organizations of which are a member: _____

9. Were you formerly a member of the LADC? _____
10. How many years preceding this application have you continuously devoted a substantial portion of your professional time to the representation of the defense in civil litigation? _____ What percentage of your practice is devoted to defense work? _____
11. Representative clients for whom you or your firm does defense work: _____

12. Sponsoring member: _____
Name

Date of application: _____
Signature of Applicant _____

Applicant: Please have the sponsoring member complete the second page of this application and forward the application, together with a check made payable to "LADC" in the amount of \$175.00 (for the first year's dues) to the secretary-treasurer* of the LADC. Your check will be deposited upon receipt, but refunded to you if your application is thereafter rejected.

Marta-Ann Schnabel – Secretary-Treasurer
O'Bryon & Schnabel
1010 Common St., Suite 1950
New Orleans, LA 70112
Telephone: 504-799-4200

QUESTIONNAIRE TO BE COMPLETED BY SPONSORING MEMBER

(This information will be treated as personal and confidential)

1. Sponsoring member's name and address: _____

2. Law firm or company: _____

3. How long have you known applicant? _____

4. Is applicant, in your opinion, of high professional standing? _____

5. Does applicant devote a substantial portion of his professional time to the representation of the defense in civil litigation?

6. Are you completely satisfied that applicant possesses all of the necessary qualifications for membership in this Association? _____

7. From the information available to you, are you satisfied that the applicant does not devote a substantial portion of his professional time to the representation of the interests of plaintiffs in personal injury matters? _____

8. Do you unqualifiedly recommend the acceptance of this application? _____

9. Additional comments, if any: _____

Date: _____

Sponsor's Signature