

## MEMBERSHIP APPLICATION

Please fill out the following information and return to OADC with dues payment.

### Membership Categories

Please select the category of membership you are applying for below. Please note that determination of eligibility for membership is vested in the discretion of the Board of Directors.

#### Regular Membership

For active attorney members of the Oregon State Bar who devote a substantial portion of their practice to representing the interests of individual defendants, businesses, insurance companies, or government entities in civil litigation.

Membership dues are \$190 for the first year of annual dues, and after the first year of membership, annual dues are \$290. Membership dues for those practicing for their first three years of law are \$240.

#### Neutral Membership

For active members of the Oregon State Bar, who meet the following criteria:

- I devote my entire practice to performing arbitration, mediation and/or reference judge services; or
- I am a member of the judiciary of the State of Oregon or of the United State of America; or
- I am a full-time law school professor or educator in the State of Oregon.

Membership dues are \$190 for the first year of annual dues, and after the first year of membership, annual dues are \$290. Neutral members are non-voting members of association.

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Bar Number: \_\_\_\_\_ Year admitted to Oregon State Bar: \_\_\_\_\_

As a reference, list the names of any insurance companies, self-insured clients, businesses, organizations or entities that you represent as defense counsel:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Please list the names of two OADC members who are familiar with the nature of your practice:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please check which OADC practice group(s) you wish to join in your area of interest. Practice groups are designed to develop member involvement with the newsletter, seminars, and annual convention.

- |  |  |   |   |   |                                       |
|--|--|---|---|---|---------------------------------------|
| <input type="checkbox"/> Commercial          | <input type="checkbox"/> Construction      | <input type="checkbox"/> Coverage               | <input type="checkbox"/> Employment     | <input type="checkbox"/> Government Liability | <input type="checkbox"/> New Lawyers  |
| <input type="checkbox"/> Practice Management | <input type="checkbox"/> Product Liability | <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Transportation | <input type="checkbox"/> Trial Practice       | <input type="checkbox"/> Women in Law |

I affirm that I am eligible for membership, as described in the membership categories above.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### Payment

Check, payable to OADC  VISA  Mastercard  American Express

*Due to credit card security policies we can only accept credit card payments online, via mail or via fax.*

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Amount authorized: \_\_\_\_\_

Credit card billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

### Mail application with payment to:



147 SE 102nd Avenue, Portland, OR 97216

503.253.0527 • 800.461.6687 • Fax: 503.253.9172 • info@oadc.com • oadc.com

*Your association dues are not deductible as a charitable contribution for federal tax purposes. However, they may be deductible as an ordinary and necessary business expense.*