

To apply for membership in the Oregon Association of Defense Counsel (OADC), please complete this entire application and return it to the OADC office with your dues payment. Dues are based on your individual anniversary year (the date you apply, and last for one year). By applying for membership in OADC, you agree to abide by its bylaws, support its objectives, attend meetings whenever possible, pay the established dues and adhere to such rules as may be adopted.

**Membership Categories – Select ONE**

Please select the category of membership for which you are applying. Please note that determination of eligibility for membership is vested in the discretion of the OADC 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 \$200 for the first year of membership. After the first year of membership, annual dues are \$310. Membership dues for those practicing in their first three years of law are \$240.

**NEUTRAL Membership:** For active members of the Oregon State Bar, who meet the following criteria: (select all that apply)

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

Membership dues are \$200 for the first year of membership. After the first year of membership, annual dues are \$310. Neutral members are non-voting members of association.

I affirm that I am eligible for membership, as described above. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Profile Information (For OADC website/listing purposes)**

Please complete each field exactly as should be printed or listed. Select one prefix:  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Full Name \_\_\_\_\_ Position Title (Partner, etc.) \_\_\_\_\_  
 Firm/Company \_\_\_\_\_ Website \_\_\_\_\_  
 Address (include Dept./Mail Stop) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Toll Free \_\_\_\_\_ Fax \_\_\_\_\_  
 Primary Email (required) \_\_\_\_\_ This must also be the address used for the listserv.  
 Business/Daytime Phone \_\_\_\_\_ Business Cell \_\_\_\_\_  
 Oregon State Bar Number \_\_\_\_\_ Year Admitted to Oregon State Bar \_\_\_\_\_

**Mailing Address (For printed mail correspondence)**

Same as Profile address above.  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**References - required**

List the names of insurance companies, self-insured clients, businesses, organizations or entities you represent as defense counsel.

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

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

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

**Practice Groups: Please consider getting involved and sharing your expertise!**

Please check the 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.

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

**Payment Options**

Check (payable to OADC in US Funds)  Visa  MasterCard  American Express  Discover

For credit card payments, complete all fields below. Please fax credit card payments to 503.253.9172 (do not email for security purposes).

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_  
 Name on Card \_\_\_\_\_ \$ Authorized \_\_\_\_\_  
 Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Receipt To \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return completed application to the OADC office. You will receive a confirmation email upon processing.**

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.