



Arizona Association of Defense Counsel

THE CIVIL DEFENSE BAR

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www.azadc.org

Membership Application

Membership in AADC is open to any attorney who has been admitted to the practice of law in Arizona (or any in-house attorney who manages Arizona litigation) and who practices a substantial amount of defense litigation. The Association's purpose is to provide a forum for discussion and education, and to further professionalism of the defense bar. Please return the application with your membership dues of **\$200.00** per attorney, **\$100.00** per in house counsel (**\$650** for a corporate membership that includes membership for an unlimited number of in-house and government attorneys managing Arizona litigation), or public sector attorney, **\$3,300.00** for law firms with 20 or more members, **\$1,700.00** for law firms with 10-19 members or **\$850.00** for law firms with 5 - 9 members and **\$50.00** for retired members. You can also renew and pay online at www.azadc.org.

FREE MEMBERSHIP TO ATTORNEYS PRACTICING 1 YEAR or LESS.

New Membership Renewal

Name: _____

Firm*: _____

Firm web address: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Referred by AADC member: _____

Choose up to five from the Primary Practice Areas listed below:

____ Yes, I would like to serve on a committee and/or substantive law section.

Committees

___ Legislative

___ Amicus

___ Programs and Membership

___ Publications

Substantive Law Sections

___ Construction Liability

___ Government Liability

___ Negligence and Insurance

___ Professional Liability

___ Employment Law

____ No, I do want to serve on a committee or substantive law section at this time

***Firm and in-house corporate memberships should provide a list of the names of the attorneys at the firm who are interested in receiving information about events and activities of the AADC.**

AADC estimates that 15% of your dues payment may not be deductible as a business expense because of AADC's lobbying activities on behalf of its members.

Method of Payment: Check or Credit Card (Visa, MC or American Express)

Credit card number: _____ Exp. Date: _____ Security Code (CVV): _____

Address where statement is mailed: _____

Authorized Signature: _____

I hereby certify that I meet the qualifications for membership in the AADC.

Signature

Date