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208.850.2600

MEMBERSHIP APPLICATION

1. The Undersigned hereby applies for membership in the Idaho Association of Defense Counsel:

Name: _____ Idaho State Bar No.: _____

Year of Birth: _____ (yyyy) Year of admission to the Bar: _____

2. If a member or an associate of a law firm:

Firm Name: _____ Years at firm: _____

3. Firm Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

4. Are you a member of D.R.I? Yes / No

5. Have you ever before applied for membership in IADC? Yes / No

6. Have you ever before been a member of this Association? Yes / No

7. My primary practice areas are (circle all that apply):

- | | |
|--------------------------|--|
| a. Automobile | g. Insurance |
| b. Commercial Litigation | h. Medical |
| c. Construction | i. Product Liability |
| d. Employment | j. Professional Liability (other than medical) |
| e. Government Liability | k. Worker's Compensation |
| f. In-House Counsel | l. Other _____ |

8. Please provide a representative list of the names of any insurance companies, self-insured clients, businesses, organizations, or entities that you represent as defense counsel:

9. How did you learn about IADC and/or who referred you? _____

10. Memberships Dues:

____ Attorney - \$225

____ Retired Member - \$175

____ Law Student - \$25 List name of law school: _____

11. ACKNOWLEDGMENT: By signing below, I represent and acknowledge that a substantial portion of my practice is devoted to the representation of defendants or business in civil litigation. To the extent that I engage in personal injury litigation, I DO NOT, for the most part represent plaintiffs. I have read the foregoing, agree to same, and hereby submit this confidential application for membership with the Idaho Association of Defense Counsel.

DATE: _____ SIGNATURE: _____