



**Membership Application**

**Please check one:**

- Regular Member
- Associate Member (non-attorney employee of insurance or reinsurance company or law student)

**Name:** \_\_\_\_\_

**Mailing Address:** Law Firm/Company/Law School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Business Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Firm Website:** \_\_\_\_\_

**Bar Admission and No. or Law School Year** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal Practice Area(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submitting this application for Regular membership, I affirm that I am a member in good standing of the above identified Bar(s). I further affirm that I devote a substantial portion of my professional time and practice to the representation of insurance and/or reinsurance companies or the resolution of reinsurance disputes.

By submitting this application for Associate membership, I affirm that I am a non-attorney employee of an insurance or reinsurance company or actively enrolled as a law student in the above identified law school.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)