

ADVANTAGES OF MEMBERSHIP

Contact with prominent New Jersey defense attorneys, insurance company executives, self-insurers and other defense groups.

New Jersey Defense Association Newsletter – All members receive this publication which keeps them abreast of significant defense and legislative developments.

Members enjoy the opportunity to discuss pertinent issues and hear informative lectures at NJDA's seminars and annual convention.

ELIGIBILITY FOR MEMBERSHIP

- (a) Members of the New Jersey Bar who are associated with House Counsel or are a generally known defense firm and who devote at least 65% of their time on litigated matters in the defense of damage suits on behalf of individuals, insurance companies, self-insurers and other corporations.
- (b) Those persons who are full-time executives, managers or supervisory employees of insurance companies, self-insurers or other corporation, and who devote the major portion of their time to claims, claims administration or litigated matters in the defense of damage suits, except that no independent agency, company or individual adjuster nor garage man, glass repairman or appraiser or estimators of any kind – including expert witnesses and court reporters – shall be eligible for membership.
- (c) Law Students.

NEW JERSEY DEFENSE ASSOCIATION
P. O. BOX 463
LINWOOD, NJ 08221
(609)927-1180
FAX (609)927-4540
njda@comcast.net

**MEMBERSHIP APPLICATION
INDIVIDUAL OR FIRM MEMBERSHIP**

Name: _____

Name of law firm: _____

Address: _____

Telephone: () _____ Fax: () _____

Email address: _____

For firm membership, please list names of all members or associates being considered for NJDA membership

Referred By: _____+
(Please insert name of referring NJDA member)

please attach letterhead or any additional names

Are you and the above individuals members of the New Jersey Bar?

Yes No

Are you or any of the above individuals 35 years or younger or have been practicing 10 years or less?

Yes No

What percentage of your time is now devoted to litigated matters in the defense of damage suits on behalf of individuals, insurance companies, self-insurers or corporations? _____ %

If yes, please provide the names of those individuals for contact by our Young Lawyers Committee.

The New Jersey Defense Association is committed to its established diversity initiatives. Accordingly, applicants are invited to indicate which one of the following may best describe them.

Member Name _____ (Please copy and attach for each member)

African American Native American Asian American Caucasian Hispanic
Other

I certify that each of the above individuals devotes at least 65% of his/her time on litigated matters in defense of damage suits on behalf of individuals, insurance companies, self-insurers and other corporations. **If accepted to membership, I agree to abide by the by-laws of this association.** If signing for firm membership, I certify that the individuals recommended will abide by the by-laws of this association.

Signature

Date

Please check membership status desired

1 – 5 members \$300

Each additional member \$75

**NEW JERSEY DEFENSE ASSOCIATION
SUBSTANTIVE COMMITTEES**

If you would like to join one or more of the following committees, please fill out the check-off list below and return it to Executive Director, Maryanne Steedle, at P. O. Box 463, Linwood, NJ, 08221.

| | |
|------------------------------|------------------------------|
| ADR _____ | Appellate Practice _____ |
| Auto Liability _____ | Construction Law _____ |
| Employment Law _____ | Environmental Law _____ |
| Fraud _____ | Insurance Law _____ |
| PIP _____ | Premises Liability _____ |
| Products Liability _____ | Professional Liability _____ |
| Public Entity Law _____ | Trucking Law _____ |
| Professional Liability _____ | Workers' Compensation _____ |

If you are 35 or younger or have been practicing 10 years or less, please consider joining our Young Lawyers Committee as well as any of our Substantive Committees.

Young Lawyers _____

Name _____

Firm _____

Address _____

Email Address _____

Telephone () _____ Fax () _____