



**Membership Application**

NAME: \_\_\_\_\_

FIRM (Company): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ BIRTHDATE (year optional): \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME OF LAW SCHOOL: \_\_\_\_\_ YEAR OF NV BAR ADMISSION: \_\_\_\_\_ NV BAR NUMBER: \_\_\_\_\_

Are you currently engaged in the private practice of law?  Yes  No

Please estimate percentage devoted to the defense of civil litigation: \_\_\_\_\_%

Practice area section(s) in which you participate (please check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Construction Law             | <input type="checkbox"/> Public Entity     | <input type="checkbox"/> Health Care         |
| <input type="checkbox"/> Employment Law               | <input type="checkbox"/> Toxic Torts       | <input type="checkbox"/> Product Liability   |
| <input type="checkbox"/> Personal Injury              | <input type="checkbox"/> Transportation    | <input type="checkbox"/> Landowner Liability |
| <input type="checkbox"/> Insurance Law and Litigation | <input type="checkbox"/> General Liability | <input type="checkbox"/> Other _____         |

**MEMBERSHIP** into the Las Vegas Defense Lawyers is regulated per the Bylaws of the Organization.

**MEMBERSHIP FEES:** Annual dues for LVDL membership are as follows:

- |   |       |  |
|---|-------|--|
| <input type="checkbox"/> Regular Members:   | \$200 | Independent Counsel in Practice for More Than Five Years |
| <input type="checkbox"/> Young Lawyers:     | \$100 | In Practice 0-5 Years                                    |
| <input type="checkbox"/> Associate Members: | \$175 | Regulated per the Bylaws for non-attorneys               |

**LVDL COMMITTEES:** I would like to join the following committee(s):

- |                                       |                                  |   |
|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Education    | <input type="checkbox"/> Finance | <input type="checkbox"/> Membership             |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Media   | <input type="checkbox"/> Community Service      |
| <input type="checkbox"/> Advocacy     | <input type="checkbox"/> Events  | <input type="checkbox"/> Organization Structure |

**PAYMENT:**  Check Enclosed made payable to Las Vegas Defense Lawyers

I was referred by: \_\_\_\_\_  
 Name

\_\_\_\_\_ Firm

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

By signing this application, the applicant hereby agrees to Pledge Confidentiality that nothing learned, discussed or obtained from LVDL will be transmitted or shared with outside individuals or organizations, including plaintiff's bar without approval by majority vote of the Directors

**Please return this form with your payment to:**  
**Las Vegas Defense Lawyers**  
**222 S. Riverside Plaza, Ste. 1870 Chicago, IL 60606**  
**(312) 698-6207**  
[cpalombizio@lasvegasdefenselawyers.org](mailto:cpalombizio@lasvegasdefenselawyers.org)