



# Minnesota Defense Lawyers Association Application for Membership

Name and ID #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Law Firm/Employer (If Applicable): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Direct Phone Number: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Legislative District (Home): \_\_\_\_\_ (If unknown, go to [www.house.leg.state.mn.us](http://www.house.leg.state.mn.us) or call 651-296-2146)

Affiliate Bar Member Introductory Membership - \$100

- Member of the Bar (1-5 years) - \$180     Member of the Bar (5+ years) - \$275  
 Member of the Bar (First year) - \$0     Retired - \$30     Law Student - \$20

I, \_\_\_\_\_, do hereby apply for membership in the Minnesota Defense Lawyers Association and do hereby certify that: (initial appropriate line)  
 \_\_\_\_\_ I am an attorney primarily involved in the defense of civil actions in the State of Minnesota, or  
 \_\_\_\_\_ I am a law student interested in working in the defense of civil actions not clerking or providing other services (e.g., investigator, runner) in a law firm predominately devoted to plaintiffs' work and/or the MNAJ.

Admitted to practice: Month \_\_\_\_\_ Year \_\_\_\_\_ Current member of DRI: Yes \_\_\_ No \_\_\_

Areas of practice and specialization, (or areas of interest if law student applicant):

- Construction Law     Long Term Care     Products Liability  
 Employment Law     Medical Liability & Health Care Law     Retail & Hospitality  
 Government Liability     Motor Vehicle Accident     Workers Compensation  
 Insurance Law     Other (please specify)

Check (made payable to MDLA)     VISA     MasterCard     American Express

**Note: If you are paying via credit card, the following fields are mandatory.**

Name (as it appears on card): \_\_\_\_\_ Cardholder Phone: \_\_\_\_\_  
 Cardholder Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_

I agree to abide by the bylaws of the Minnesota Defense Lawyers Association.

Date: \_\_\_\_\_ Signed \_\_\_\_\_

I have read and grant consent to use my data as outlined in the privacy policy ([www.mdla.org/page/privacy](http://www.mdla.org/page/privacy)).

Send check payable to:  
 MDLA  
 1000 Westgate Drive, Suite 252  
 St. Paul, MN 55114  
 Phone: (651) 290-6293  
 Fax: (651) 290-2266  
[info@mdla.org](mailto:info@mdla.org)

Please Note: MDLA has taken the appropriate steps to maintain PCI compliance. In order to protect your privacy, please do not email your credit card information to our office.  
 MDLA is exempt from Federal taxation under IRC 501(c)(6) As a result, membership dues are not tax deductible as a charitable contribution; they may not be deductible as a business expense.

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		