

**SOUTHWEST OHIO TRIAL LAWYERS ASSOCIATION ("SWOTLA")  
APPLICATION FOR MEMBERSHIP**

Please type/print the following information ("\*" indicates required information):

<p>* <b>Name:</b> _____</p> <p>* <b>Complete Business Address:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>* Month/Day of Birth: _____</p> <p>* Are you a Veteran? Yes _____ No _____</p> <p>If Yes: Branch of Service: _____</p> <p>Any additional info on your military service?</p> <p>_____</p> <p>_____</p>
<p>* Business Phone: _____</p> <p>* Business Fax: _____</p> <p>* E-Mail Address: _____</p> <p>* Cell Phone: _____</p>	<p>Home Address: _____</p> <p>Home Phone: _____</p>
<p><b>Please indicate in the box at the bottom of this page, your preference for being contacted regarding SWOTLA events and or other pertinent information.</b></p>	
<p>* <b>Date of Admission to Bar:</b></p> <p>Ohio: _____</p> <p>Kentucky: _____</p> <p>Other: _____</p>	<p>* <b>Law School:</b> _____</p> <p>* <b>Undergraduate:</b> _____</p> <p>* <b>Post-graduate:</b> _____</p>
<p>* Total Number of years practicing _____</p> <p>In Hamilton County, Ohio _____</p>	<p>* During last three years (or since date of admission, whichever is longer), what percentage of your practice was spent representing:</p> <p style="text-align: center;">Plaintiffs: _____ Defendants: _____</p> <p style="text-align: center;">Total Percentage of Litigation Practice: _____</p>
<p>* <b>Areas of Practice and how long in each area:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>* Do you represent any insurance companies that write liability insurance? _____</p> <p>_____</p> <p>_____</p>
<p style="text-align: right; color: orange;">* <b>Applicant's Signature</b> _____</p> <p style="text-align: right; color: orange;">* <b>Date:</b> _____</p>	

**PLEASE RETURN THIS FORM AND YOUR CHECK MADE PAYABLE TO: SOUTHWEST OHIO TRIAL LAWYERS IN THE AMOUNT OF \$150.00 (5 or more years as an attorney) or \$100.00 (less than 5 years as an attorney) for 1 year of membership dues (which will be deposited to the SWOTLA checking account pending Board approval of your application)**

**RETURN TO:** \_\_\_\_\_  
**Brandy McGrath**  
**SWOTLA Executive Administrative Director**  
**10793 Lupine Drive**  
**Cincinnati, OH 45241**

**\*\* Do you prefer to be contacted via:**

\_\_\_\_\_ **E-Mail**      \_\_\_\_\_ **Regular U.S. Mail**

**If Regular U.S. Mail:    \_\_\_ Office    \_\_\_ Home**