

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

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

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

PLEASE RETURN THIS FORM AND YOUR CHECK MADE PAYABLE TO: SOUTHWEST OHIO TRIAL LAWYERS IN THE AMOUNT OF \$250.00 (5 or more years as an attorney) or \$150.00 (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
The Cincinnati Bar Center Building
223 East Sixth Street, 2nd Floor
Cincinnati, OH 45202

**** Do you prefer to be contacted via:**
 _____ **E-Mail** _____ **Regular U.S. Mail**
If Regular U.S. Mail: ___ **Office** ___ **Home**