

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

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

<p>* Name: _____</p> <p>* Complete Business Address: _____ _____ _____</p>	<p>* Month/Day of Birth: _____</p> <p>* Are you a Veteran? Yes _____ No _____ If Yes: Branch of Service: _____ Any additional info on your military service? _____ _____</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>Please indicate in the box at the bottom of this page, your preference for being contacted regarding SWOTLA events and or other pertinent information.</p>	
<p>* Date of Admission to Bar: Ohio: _____ Kentucky: _____ Other: _____</p>	<p>* Law School: _____</p> <p>* Undergraduate: _____</p> <p>* Post-graduate: _____</p>
<p>* Total Number of years practicing _____ 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: Plaintiffs: _____ Defendants: _____ Total Percentage of Litigation Practice: _____</p>
<p>* Areas of Practice and how long in each area: _____ _____ _____</p>	<p>* Do you represent any insurance companies that write liability insurance? _____ _____ _____</p>
<p>* Applicant's Signature _____</p> <p>* Date: _____</p>	

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
PO Box 62079
Sharonville, OH 45262

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