



ASSOCIATION OF  
SOUTHERN CALIFORNIA  
DEFENSE COUNSEL

# MEMBERSHIP APPLICATION

**Membership Categories**

- REGULAR MEMBER (\$325)** – Limited to persons independently engaged in civil defense practice who have been in practice for more than five (5) years. This category allows for full voting privileges.
- AFFILIATE MEMBER (\$325)** – Limited to those individuals engaged in the full time or part-time practice of mediation or arbitration. Membership as an "Affiliate Member" shall allow for limited membership privileges. This category allows for no voting privileges or the right to hold office.
- ASSOCIATE MEMBER (\$225)** – Employee of a public entity, insurance company or other corporation.
- YOUNG LAWYER MEMBER (\$200)** – Limited to attorneys engaged in independent practice who have been in practice for five (5) years or less. This category allows for full voting privileges.
- LAW STUDENT MEMBER (\$25)** – Limited to those individuals registered as a full time or evening student pursuing a J.D. degree. Law student membership shall expire six months after graduation. This category allows for no voting privileges.
- DUAL MEMBER (\$100)** – Limited to those members in good standing of the Association of Defense Counsel of Northern California and Nevada (ADC). Membership as a "Dual Member" shall allow for full membership privileges, except the right to vote or hold office.

New members receive a complimentary half-day education seminar & complimentary attendance at the Annual Judicial and New Member Reception in December during their first year of membership.

**Information**

Name: \_\_\_\_\_ Bar #: \_\_\_\_\_  
 Firm / Law School (if applying as a student): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_ Birthdate (year optional): \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Are you now devoting primarily (i.e., at least 75%) of your time to defense practice in civil litigation?

- Yes  No  Student

If a full-time employee of an insurance company, corporation or public entity, please provide the name of your employer and your title or position: \_\_\_\_\_

Sponsor Member: \_\_\_\_\_ Firm: \_\_\_\_\_

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

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Appellate                  | <input type="checkbox"/> Business Litigation        | <input type="checkbox"/> Construction Law      | <input type="checkbox"/> Employment Law         |
| <input type="checkbox"/> General/Premises Liability | <input type="checkbox"/> Insurance Law & Litigation | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Managing Partner       |
| <input type="checkbox"/> Medical Malpractice        | <input type="checkbox"/> Personal Liability         | <input type="checkbox"/> Products Liability    | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Public Entity              | <input type="checkbox"/> Transportation             | <input type="checkbox"/> Toxic Torts           |   |

If elected to membership, I agree to abide by the Bylaws of this Association

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Contributions or gifts (including membership dues) to ASCDC are not tax deductible as charitable contributions. Pursuant to the Federal Reconciliation Act of 1993, association members may not deduct as ordinary and necessary business expenses, that portion of association dues dedicated to direct lobbying activities. Based upon the calculation required by law, 15% of the dues payment only should be treated as nondeductible by ASCDC members. Check with your tax advisor for tax credit/deduction information.

**Payment**

(please do not e-mail credit card information)

**Amount:** \_\_\_\_\_  Enclosed is check # \_\_\_\_\_ (Payable to ASCDC)  
 AMEX  MasterCard  Visa Last 4 digits of card: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Full Credit Card# \_\_\_\_\_ Exp: \_\_\_\_\_ CVV#: \_\_\_\_\_

**Return completed form & payment by mail or fax to:**

Association of Southern California Defense Counsel • 2520 Venture Oaks Way, Suite 150 • Sacramento, CA 95833 • (916) 924-7323 – fax  
 For more information, contact us at: (800) 564-6791 – toll-free • (916) 239-4082 – phone • info@ascdc.org • www.ascdc.org