

Kansas Association of Defense Counsel

Application for Attorney Membership

Categories for individual membership in KADC:

- Private Practice Attorney – \$190 / yr
- In-House Counsel – \$190 / yr
- Government Attorney – \$100 / yr
- Young Lawyer – \$100 / yr (*admitted to a bar for five or fewer years*) Young Lawyers receive one FREE registration to the KADC Annual Conference in their first year of KADC membership.

Mr. Ms.

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email _____

Date admitted to the Bar in the State of Kansas _____

Primary area(s) of practice _____

Number of attorneys in your organization 1-2 3-10 11-20 21-50 51-99 100+

Bar associations, professional organizations or law societies to which you belong _____

Legal or public offices held _____

Are you a current member of DRI, The Voice of the Defense Bar? Yes No

Free 1-Year KADC Membership Promotion: Lawyers who are members of DRI, but who have never been a KADC member, will receive a free one-year membership in KADC (a value of up to \$190). Please check here if you are a current DRI Member and would like 1-year free KADC membership (pending confirmation). Yes

Referred by (*name of referring KADC member(s), if applicable*) _____

I devote a substantial amount of my professional time to representation of business, insurance companies or their insureds, associations or governmental entities in civil litigation. I have read the above and hereby make application for individual membership. **Signature of Applicant** _____ **Date** _____

This application, together with membership fee, should be mailed to:

Kansas Association of Defense Counsel,
825 S. Kansas Ave., Suite 500, Topeka, KS 66612

AMOUNT DUE	PAYMENT METHOD
Total Due \$ _____	<input type="checkbox"/> My check for \$ _____ is enclosed
	<input type="checkbox"/> Please bill me (your membership will be inactive until KADC receives payment).
	<input type="checkbox"/> Please Charge My: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
	Credit Card Number _____ - _____ - _____ - _____
	Expiration Date ____/____/____

OPTIONAL: KADC is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which one of the following may best describe them:

<input type="checkbox"/> African American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____

Date of Birth _____
month/day/year