

2020

**Central Florida Trial Lawyers Association Membership Application**

The Central Florida Trial Lawyers Association (CFTLA) is dedicated to educate, support and advocate for its members and the individuals they represent. Its mission is to strengthen and uphold Florida’s civil justice system and to protect the rights of individuals throughout the state of Florida. As such, CFTLA requires that its members:

- \*Are duly licensed to practice law
- \*Are regularly practicing personal injury law in the central Florida area as defined by the jurisdictional limits of the Fifth DCA
- \*Are regular members in good standing with the Florida Bar
- \*Are members in good standing with Florida Justice Association (FJA). REQUIRED.
- \*Are of good moral character
- \*Do not represent insurance carriers, their insured or employers in personal injury litigation and/ or arbitration proceedings or workers compensation matters and do not belong to law firms that engage in such work.
- \*Pay the established dues as members of this organization, as established by the Board of Directors of \$250.00 for members who have been practicing law less than 5 years, and a \$300.00 fee for members who have been practicing law for 5 years or more. Listserve is automatically included in membership.

Date:

<b>Title (Circle one):</b> <b>Mr.</b> <b>Mrs.</b> <b>Ms.</b> <b>Dr.</b>			
<b>First:</b>		<b>Middle:</b>	
		<b>Last:</b>	
<b>Firm Name:</b>		<b>FL Bar Number:</b>	
<b>Address:</b>		<b>Date Admitted:</b>	
<b>City &amp; Zip Code:</b>			
<b>County:</b>			
<b>Date of employment at current firm:</b>			
<b>Office Phone:</b>		<b>Mobile:</b>	<b>Fax:</b>
<b>Email:</b>			

<b>Please list the history of your previous law practice affiliations. Applicable if at current firm less than 2 years.</b>
a) Name of firm:
b) Address of firm:
c) Dates of employment/partnership:
d) Description of firm’s practice. Defense /Plaintiff?

<b>List two current CFTLA members with whom you are familiar as your references:</b>		
Name One:	Name Two:	
<b>CFTLA Membership requires current membership in the Florida Justice Association(FJA)</b>		
<b>Are you a member of the FJA?</b>		
<b>YES</b>	<b>NO</b>	
<b>Do you agree to keep your FJA membership current, paid and active at all times in compliance with CFTLA membership requirements?</b>		
<b>YES</b>	<b>NO</b>	
<b>BOTH COLUMNS TO THE RIGHT MUST BE COMPLETED AND PERCENTAGES SHOULD EQUAL 100% FOR EACH</b>	<b>Describe the percentage of <u>YOUR</u> areas of practice and the number of years you have been practicing in each area of law:</b>	<b><u>FIRM's Practice:</u></b>  ↓
<b>Plaintiff Personal Injury:</b>	<b>%:                      Years:</b>	<b>% :                      Years:</b>
<b>Defense Personal Injury:</b>	<b>% :                      Years:</b>	<b>% :                      Years:</b>
<b>Other Plaintiff:</b> (Please provide description below)	<b>%:                      Years:</b>	<b>% :                      Years:</b>
<b>Other Defense:</b> (Please provide description below)	<b>%:                      Years:</b>	<b>% :                      Years:</b>
<b>Other Plaintiff Description:</b>		
<b>Other Defense Description:</b>		
<b>↑ BOTH COLUMNS MUST TOTAL 100% EACH ↑</b>		
<b>Are you a member of American Association for Justice(formerly the ATLA)?</b>		
<b>YES</b>	<b>NO</b>	
<b>Please let us know how you heard about the CFTLA. Is there someone we can thank for referring you to the CFTLA?</b>		

*I understand and agree that if my application is accepted for membership, to pay \$250.00 for lawyers practicing less than five years and \$300.00 for lawyers practicing over five years will be due upon invoice.*

**Signature:** \_\_\_\_\_