

KENTUCKY DEFENSE COUNSEL, INC.  
**APPLICATION FOR MEMBERSHIP**

I HEREBY APPLY FOR MEMBERSHIP IN KENTUCKY DEFENSE COUNSEL, INC. AND FURNISH THE FOLLOWING INFORMATION:

1. NAME LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

FIRM/COMPANY NAME \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

2. NUMBER OF YEARS IN PRACTICE: \_\_\_\_\_

3. LAW SCHOOL ATTENDED \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

4. ARE YOU NOW DEVOTING A SUBSTANTIAL PORTION OF YOUR PROFESSIONAL TIME (MORE THAN 51%) TO DEFENSE OF CIVIL LITIGATION?  YES  NO

5. WHAT AREA(S) COMPRISES THE LARGEST PORTION OF YOUR DEFENSE PRACTICE?

- |  |  |   |  |   |
|--|--|---|--|---|
| <input type="checkbox"/> APPELLATE           | <input type="checkbox"/> CONTRACT          | <input type="checkbox"/> MEDICAL MALPRACTICE    | <input type="checkbox"/> PROPERTY                | <input type="checkbox"/> WORKERS' COMPENSATION  |
| <input type="checkbox"/> AUTO                | <input type="checkbox"/> EDUCATION         | <input type="checkbox"/> MUNICIPAL              | <input type="checkbox"/> REAL ESTATE TRANSACTION | <input type="checkbox"/> OTHER (SPECIFY): _____ |
| <input type="checkbox"/> BUSINESS LITIGATION | <input type="checkbox"/> EMPLOYMENT        | <input type="checkbox"/> NURSING HOME           | <input type="checkbox"/> LIABILITY               | _____   |
| <input type="checkbox"/> CIVIL RIGHTS        | <input type="checkbox"/> GENERAL LIABILITY | <input type="checkbox"/> PREMISES               | <input type="checkbox"/> TORT                    | _____   |
| <input type="checkbox"/> COMMERCIAL          | <input type="checkbox"/> GOVERNMENT        | <input type="checkbox"/> PRODUCT LIABILITY      | <input type="checkbox"/> TRUCKING                |   |
| <input type="checkbox"/> CONSTRUCTION        | <input type="checkbox"/> INSURANCE         | <input type="checkbox"/> PROFESSIONAL LIABILITY | <input type="checkbox"/> UTILITIES               |   |

6. ARE YOU INTERESTED IN PARTICIPATING IN ANY OF THE FOLLOWING?

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> CLE PROGRAMS (ATTENDING)              | <input type="checkbox"/> PUBLICATIONS COMMITTEE               | <input type="checkbox"/> WOMEN IN THE LAW COMMITTEE               | <input type="checkbox"/> YOUNG LAWYERS SECTION  |
| <input type="checkbox"/> CLE PROGRAMS (PLANNING 1.0 HOUR CLES) | <input type="checkbox"/> SOCIAL/COMMUNITY OUT-REACH COMMITTEE | <input type="checkbox"/> WRITING A BRIEF OR AMICUS CURIAE PROGRAM | <input type="checkbox"/> OTHER (SPECIFY): _____ |
|  | <input type="checkbox"/> WEBSITE COMMITTEE                    |   | _____   |

7. ARE YOU A MEMBER OF DEFENSE RESEARCH INSTITUTE ("DRI")?  YES  NO

IF NOT, ARE YOU INTERESTED IN OBTAINING INFORMATION ABOUT DRI (INCLUDING A CERTIFICATE FOR A FREE OR GREATLY REDUCED DRI SEMINAR)?  YES  NO

I HEREBY CERTIFY THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEF, THAT 51% OR MORE OF MY CIVIL LITIGATION PRACTICE IS DEFENSE ORIENTED, AND THAT I AM IN GOOD STANDING WITH THE KENTUCKY BAR ASSOCIATION.

SIGNATURE: \_\_\_\_\_ DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

I, A MEMBER IN GOOD STANDING WITH KENTUCKY DEFENSE COUNSEL, INC., HEREBY NOMINATE \_\_\_\_\_ FOR MEMBERSHIP:

SIGNATURE: \_\_\_\_\_ DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_



Return the completed application, along with your check for \$150 payable to Kentucky Defense Counsel, to:  
Kathi McKeown • Kentucky Defense Counsel, Inc. • P.O. Box 127  
Harrods Creek, Ky 40027-0127 • Ky.Def.Csl@Att.Net

