

# Membership Application

The undersigned hereby makes application for membership in OACTA:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Position/Title \_\_\_\_\_ Firm/Employer \_\_\_\_\_ Attorney Number \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Gender:  Male  Female  Other Number of attorneys at your firm \_\_\_\_\_ Number of years in practice \_\_\_\_\_

*OACTA 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 (optional):*

African American  Asian American  Hispanic  Native American  Caucasian  Other \_\_\_\_\_

**Please indicate your Primary Area of Practice:**

- |   |  |
|---|--|
| <input type="checkbox"/> Business and Commercial Litigation<br>(includes Financial Products, Financial Professionals, Financial Institution Claims) | <input type="checkbox"/> In-House or Corporate Counsel                               |
| <input type="checkbox"/> Claims Executive – Non-Attorney  | <input type="checkbox"/> Insurance – First Party Claims Defense                      |
| <input type="checkbox"/> Construction Litigation  | <input type="checkbox"/> Medical Negligence  |
| <input type="checkbox"/> Employment Law   | <input type="checkbox"/> Personal Injury Defense                                     |
| <input type="checkbox"/> Environmental Law/Toxic Tort   | <input type="checkbox"/> Product Liability<br>(includes Medical Device & Automotive) |
| <input type="checkbox"/> General Civil Defense Litigation   | <input type="checkbox"/> Professional Liability                                      |
| <input type="checkbox"/> Governmental Liability   | <input type="checkbox"/> Workers Compensation  |
| <input type="checkbox"/> House or Staff Counsel   | <input type="checkbox"/> Other<br>(If other please attach description)               |

**OACTA Member Dues Categories:**

Please select the membership category that best fits you (see page 2 for full definitions):

- Active - \$225.00**
  - (1) Members of the Ohio Bar.
  - (2) Non-Attorneys or House Counsel – See page 2 for full definition  
*\*First time Active Member dues may be prorated on a quarterly basis. Contact the OACTA office for more information.*
- Active - (In-House/Corporate Counsel or Claims Executives) - \$75.00**
  - (1) In-House or Corporate Counsel  
*In-House or Corporate Counsel are licensed attorneys, who are employed exclusively by a corporation or other private sector organization for the purpose of providing legal representation and counsel only to that corporation, its affiliates and subsidiaries. These lawyers act in a legal capacity for insurers or corporations but do not appear in court as defense counsel.*
  - (2) Claims Executives (Non-Attorneys)  
*Claims Executives are individuals employed as a claims professional by a corporation or insurance co., who spends a substantial portion of his or her professional time hiring or supervising outside counsel in the representation of business, insurance companies or their insureds, associations or governmental entities in civil litigation.*
- Inactive - \$50.00**
- Associate - \$115.00**
  - (1) Full-time law professors.
  - (2) Full-time judges, magistrates and their legal staff.
  - (3) Paralegals and legal assistants.  
Sponsor's Name (paralegals): \_\_\_\_\_
  - (4) Board of Trustees approved.

**New Attorney - \$115.00**  
Year of Admission to the Bar of Ohio: \_\_\_\_\_

**Student - \$0.00**  
Anticipated Graduation Date: \_\_\_\_\_

**DRI Non-OACTA Member: One Year Complimentary** \_\_\_\_\_ Active \_\_\_\_\_ New Attorney

I would like to make a contribution to The OACTA Foundation in the amount of \$ \_\_\_\_\_ (optional).

**Dues Category Definitions:**

**Active:** (1) Members of the Bar of Ohio actively engaged in the practice of civil law who represent the interests of defendants in tort litigation or other parties in civil disputes who are paid for their services other than principally out of the recovery they obtain. (2) Full-time supervisory or managerial employees of insurance companies, corporations, governmental bodies, or house counsel who individually devote a substantial portion of their time to coverage disputes, civil litigation or litigation administration.

**Inactive:** Any member who permanently retires from work or who moves out of Ohio and who had been a member in good standing for at least five years.

**Associate:** (1) Full-time law professors. (2) Full-time judges, magistrates and their legal staff. (3) Paralegals, legal assistants, or other employees who perform legal services under the direction and supervision of an attorney and are sponsored by a member of the organization who is their employee, supervisor, or co-employee. Paralegal membership is not open to anyone who has been admitted to practice law before the bar of the State of Ohio. (4) Anyone the Board of Trustees determines by a vote of two-thirds of those present, who meets the purpose of the organization as stated in Article II.

**New Attorney:** An attorney admitted to the Bar for five years or less.

**Student:** Law students

**DRI Non-OACTA Member:** An attorney who is a current member of DRI and has never been a member of OACTA.

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**Please consider joining an OACTA Committee!** It's a great way to establish and demonstrate your expertise in your primary practice area(s). And it's also a great way to meet and deepen relationships with your counterparts across the state, as well as your current--and potential future---clients. OACTA's Substantive Law Committees are called upon to play a larger role in the delivery of the association's key membership services, such as CLE programming, publishing, and web content development. **Please indicate your interest in serving on any of the following committees:**

**Substantive Law Committees:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Appellate Advocacy               | <input type="checkbox"/> Construction Litigation | <input type="checkbox"/> Litigation and Trial Skills    |
| <input type="checkbox"/> Business & Commercial Litigation | <input type="checkbox"/> Employment Law          | <input type="checkbox"/> Medical Negligence             |
|   | <input type="checkbox"/> Governmental Liability  | <input type="checkbox"/> Personal Injury Defense        |
|   | <input type="checkbox"/> Insurance Coverage      | <input type="checkbox"/> Product Liability & Toxic Tort |
|   |  | <input type="checkbox"/> Professional Liability         |

**Member Services Committees:**

- |   |   |
|---|---|
| <input type="checkbox"/> Claims Industry Committee    | <input type="checkbox"/> Women in the Law Committee     |
| <input type="checkbox"/> Inclusion & Equity Committee | <input type="checkbox"/> Young Lawyers Committee        |
| <input type="checkbox"/> Membership Committee         | <input type="checkbox"/> Golf Outing Planning Committee |

I devote a substantial portion of my professional time to the representation of businesses, 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** \_\_\_\_\_

*Disclaimer: Submission of the application and credit card payment is subject to review and acceptance per the OACTA Code of Regulations.*

<b>Total Amount Due: \$</b> _____	
<b>Method of Payment:</b> ___ Check (Payable to OACTA) OR ___ Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
<b>Card #</b> _____	<b>Exp. Date</b> _____
<b>Cardholder Name</b> _____	<b>3-4 Digit Security Code</b> _____
<b>Billing Address (with zip)</b> _____	

**Please return to:**  
**OACTA**  
400 W. Wilson Bridge Road, Suite 120  
Worthington, OH 43085  
P: 614.228.4727 | F: 614.221.1989  
oacta@assnoffices.com | www.OACTA.org