

OACTA's Recruit 1 Campaign: \_

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

## **Membership Application**

The undersigned hereby makes application for membership in OACTA:

First Name	'	Last Name					
			Attorney Number				
Business Address	CI	ity/State/Zip					
Business Phone Bus	siness Fax	E-mail	Address				
Gender: ☐ Male ☐ Female ☐ Other Num	ber of attorneys at your f	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 AmericanAsian AmericanHispanicNative AmericanCaucasianOther							
Please indicate your Primary Area of			n-House or Corporate Counsel				
<ul> <li>Business and Commercial Litiga</li> </ul>			nsurance – First Party Claims Defense				
(includes Financial Products, Fi			Medical Negligence				
Professionals, Financial Instituti	•		Personal Injury Defense				
☐ Claims Executive – Non-Attorne	<del>)</del> y		Product Liability				
□ Construction Litigation			includes Medical Device & Automotive)				
☐ Employment Law			Professional Liability				
☐ Environmental Law/Toxic Tort			Norkers Compensation				
<ul><li>General Civil Defense Litigation</li><li>Governmental Liability</li></ul>			Other				
☐ House or Staff Counsel		(	If other please attach description				
	o Bar. ouse Counsel – See pa es may be prorated on a qu	age 2 for full arterly basis. C	definition ontact the OACTA office for more information.				
□ Active - (In-House/Corporate Corporate C	Counsel or Claims Ex	ecutives) -	\$75.00				
other private sector org corporation, its affiliates corporations but do not (2) Claims Executives ( Claims Executives are who spends a substant	Counsel are licensed a anization for the purpo s and subsidiaries. The appear in court as del Non-Attorneys) individuals employed a ial portion of his or her usiness, insurance con	ose of providese lawyers a fense counse as a claims propersional	no are employed exclusively by a corporation or ing legal representation and counsel only to that act in a legal capacity for insurers or el.  Professional by a corporation or insurance co., all time hiring or supervising outside counsel in their insureds, associations or governmental				
☐ Inactive - \$50.00							
☐ Associate - \$115.00							
<ul> <li>(1) Full-time law profess</li> <li>(2) Full-time judges, ma</li> <li>(3) Paralegals and lega</li> <li>Sponsor's Name (paral</li> <li>(4) Board of Trustees a</li> </ul>	agistrates and their legal l assistants. egals):						
□ New Attorney - \$115.00	L L- : - :						
Year of Admission to the Bar of Ol	nio:						
□ Student - \$0.00							
Anticipated Graduation Date:							
□ DRI Non-OACTA Member: One Year Complimentary Active New Attorney							
			eate their name so they are credited in				

## **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

**Substantive Law Committees:** 

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

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:

□ Construction Litigation

□ Litigation and Trial Skills

Appellate Advacacy		Employment Law		Medical Negligence				
<ul><li>☐ Appellate Advocacy</li><li>☐ Business &amp; Commercial</li></ul>		Governmental Liability		Personal Injury Defense Product Liability & Toxic Tort				
Litigation		Insurance Coverage		Professional Liability				
Member Services Committees:								
<ul><li>Claims Industry Committee</li><li>Inclusion &amp; Equity Committee</li><li>Membership Committee</li></ul>		<ul><li>Women in the Law Committee</li><li>Young Lawyers Committee</li><li>Golf Outing Planning Committee</li></ul>						
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.								
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Disclaimer: Submission of the application and credit card payment is subject to review and acceptance per the OACTA Code of Regulations.								
Total Amount Due: \$Check (Payable to OAC	CTA)			-				
ard # Exp. Date								
ardholder Name 3-4 Digit Security Code								
Billing Address (with zip)								

Please return to:
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