Your Name as you want it listed (please type	e or print legibly)		
Firm Name			_
Street Address			_
City / State / Zip			
Email			_
Phone	Colorado Supreme Court Registration #		_
Area(s) of practice (check all that apply)			
Auto Civil Rights/Government Tort Construction Defect Employment & Labor Law General Commercial Liability	HOA & Municipality Defense Insurance Coverage/Bad Faith Medical Malpractice Personal Injury Defense Premises Liability	Product Liability Professional Liability Workers' Compensation Other (describe)	

*New members will receive a confirmation email with instructions for signing up for listserv subscriptions. All listserv members will be required to re-subscribe on January 31, 2025 to complete annual certification of listserv protocols.

By submitting this form, I acknowledge that I was first admitted to the Bar of the State of Colorado in the year shown above. I hereby make application for membership in the Colorado Defense Lawyers Association and acknowledge that:

- A. I am a member in good standing of the Bar of the State of Colorado;
- B. I will support the purpose and mission of the Association;
- C. I devote a substantial portion of my professional practice to the representation of business, corporate, governmental, insurance, professional or individual civil litigants involving tort, contract, insurance, employment, governmental, or business matters, and do not, for the most part, represent plaintiffs (except for subrogation actions) in personal injury, employment, construction defect, or insurance bad faith litigation, or claimants in workers' compensation proceedings; and
- D. I do not personally advertise or in any way solicit clients for the purposes of representing claimants in workers' compensation proceedings or plaintiffs in personal injury or bad faith lawsuits outside the context of subrogation, contribution, or indemnification.

Signature		
Please make check payable to Colorado Defens	se Lawyers Association (CDLA) or y	ou can pay by credit card and fax to 925-364-2405.
MC Visa AMEX Name on Card		
Card NumberCS	V Evn Data	Signature*
Card Ivanibei CS	V Lxp. Date	orginature
Individual Membership	\$350.00	
Lawyers Employed by a Governmental Entity	\$165.00	
New Lawyers (in practice 3 years or less)	\$200.00	
Amount Paid	\$	