AMERICAN ASSOCIATION for JUSTICE

JOIN AND GO TO AMPED-UP MEMBERSHIP APPLICATION



PERSONAL INFORMATION

First Name	M	/1	Last N	ame	
	****	IVI/I		Lastivallie	
Law School	Bir	Birth Date (MM/DD/YY)		Graduation Date (MM/YY)	
Bar Date (MM/DD/YY)	Ва	Bar Number (Not Required)		Referred By	
BUSINESS ADDRESS Preferr	red Contact				
Firm Name		reet Address	Suite N	Suite Number	
City	St.	ate	Zip Code	Country	
City	5.0	ate	Zip Code	Country	
Business Phone	Bu	usiness Fax			
Business Email Address	Fir	rm URL			
HOME ADDRESS Preferred C (Used to determine congressional distri					
Street Address					
C:h.		-1-	7:- C - J -	Country	
City	310	ate	Zip Code	Country	
Home Phone	Me	obile Phone			
Personal Email Address					
If we need to contact you to service your membership r your preferred contact preferences, including phone nu calls to your mobile phone, faxes, or emails. You may co	umber, fax number, and email address, you con	nsent and give permission for AAJ and affiliated			
OPTIONAL DEMOGRAPHIC INF	FORMATION				
GENDER:	ETHNICITY:	☐ Indian Subcontiner	nt POLITICAL AFFIL	IATION:	
□ Male □ Female □ Prefer Not t	o Say 🔲 African American.	/Black 🛘 Middle Eastern	□ Democrat □	1 Republican □ Green	
□ Other	🗆 Asian American	☐ Minority (Specific Ethnicity)			
MEMBER OF LGBT COMMUNITY	? 🗆 🗆 Bi-racial/Multi-rac	cial Native American/	□ Other	_	
☐ Yes ☐ No ☐ No, but Ally	☐ Caucasian (Non-Hisp	Danic) Alaskan Native	FIRM SIZE:		
☐ Prefer Not to Say	☐ Hispanic/Latino	□ Other	□ 1 lawyer □	2–4 lawyers □ 5–7 lawyers	
PRACTICE AREA Please select you	ur practice areas (check all that an	nlu)	□ 8–10 lawyers □	11+ lawyers	
☐ Admiralty Law	☐ Employment Rights	□ Motor Vehicle Co	ollision 🗖 Railro	ad Law	
☐ Appellate Practice	☐ Family Law	☐ Nursing Home		l Security Disability Law	
☐ Aviation Law	☐ Federal Tort Liability and			& Environmental Torts	
☐ Business Torts	Military Advocacy	☐ Pharmaceutical L		ing Litigation	
☐ Civil Rights	☐ Insurance Law	☐ Premises Liability		ers' Compensation	
☐ Class Actions	☐ Medical Device Litigation	•			
☐ Criminal Law	☐ Medical Malpractice/Neg	•			
DELGON HOD IONING A 4					
REASON FOR JOINING AAJ (check ☐ Advocacy ☐ Case Prep Resc		letworking Professions	al Development/CLE 💢	Referrals/Practice Growth	
□ Other	Zurces 🗀 Community & N	di i i i i i i i i i i i i i i i i i i	ii Development/CLL L	. Noterials/11 active Olowill	
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MEMBERSHIP REQUIREMEN	TS (Required)	
Do you, for the most part, base	ed on case load and t	ime, represent the:
☐ Plaintiff (in civil cases): Associate Member	ses and/or the defend	dant in criminal cases): Regular Member Defense (in civil
principles of the United States	Constitution, includin	or Justice, am dedicated to upholding and defending the ag the right to trial by jury, and am committed to the concept for the injured, the accused, and those whose rights are
Signature		Date
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□ AAJ Regular Membership* * This promotion is only available to	\$	\$550*
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