

**DELAWARE COUNTY TRIAL LAWYERS ASSOCIATION, INC.**

**APPLICATION FOR REGULAR MEMBERSHIP/CERTIFICATION  
FOR CALENDAR YEAR 2022**

I hereby make application for Regular Membership in the Delaware County Trial Lawyers Association, Inc. for the above calendar year, and if granted such membership, I agree to be bound by its By-Laws as they may exist at any time and from time to time.

In support of this application for such membership, I certify:

1. I practice in Pennsylvania at:

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City, State, Zip)

In \_\_\_\_\_ County

Name of Firm: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. I certify that I do not represent any personal injury defendant or any casualty insurance company.
3. I agree to immediately notify, in writing, our Board of Directors, through our President, of any change in my status, at any time in the future, that would render any part of this application/certification inaccurate.
4. I agree that my failure to comply at any time hereafter with any part of this application/certification shall authorize our Board of Directors to terminate my membership in the Delaware County Trial Lawyers Association, Inc., in accordance with its By-Laws.

**I certify that the statements made in this application/certification are true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Annual Membership Dues (including DCTLA List Serve):  
**\$100.00 made payable to "Delaware County Trial Lawyers Association, Inc."**

**DELAWARE COUNTY TRIAL LAWYERS ASSOCIATION, INC.**

**APPLICATION AND AGREEMENT TO PARTICIPATE IN  
DCTLA'S LIST SERVE DURING CALENDAR YEAR 2022**

**NAME OF MEMBER:** \_\_\_\_\_

**NAME OF FIRM:** \_\_\_\_\_

**OFFICE ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**FACSIMILE NUMBER:** \_\_\_\_\_

**MEMBER'S E-MAIL:** \_\_\_\_\_

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I certify that I am a duly-qualified member of DCTLA and that I do not represent the interests of civil defendants or their insurers against the interests of personal injury plaintiffs. I agree to the following terms and conditions regarding my participation in and the use of the information shared in the DCTLA List Serve. I understand that the use of the DCTLA List Serve is a privilege of DCTLA membership which will be revoked for my breach of any term or condition of this agreement.

I will take full personal responsibility for any actions performed in connection with the DCTLA List Serve using my e-mail address.

I will not use the DCTLA List Serve or any information obtained from the DCTLA List Serve for any commercial purpose that is not connected with the practice of law on behalf of my client.

I will conform to appropriate standards of conduct at all times on the DCTLA List Serve.

I will not forward or otherwise disclose any DCTLA List Serve messages or other information to non-participants. I understand that this information is intended for the exclusive use of DCTLA members representing plaintiffs in civil actions. I will not distribute this information to a defendant, insurer, or other defense interest. I understand that any use of this information to assist in the defense of a personal injury action is strictly prohibited.

Every message that I send through the DCTLA List Serve will be accompanied by information adequate to identify myself which shall include, at a minimum, my name, firm name, office address and e-mail address.

**With the posting of each message to the DCTLA List Serve, I certify that I continue to be duly-qualified to participate therein.**

**I AGREE TO BE LEGALLY BOUND BY THE ABOVE TERMS AND CONDITIONS.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**