

Membership Application

International Amusement & Leisure Defense Association, Inc.

(Print, Complete, E-mail, Fax or Mail)

Indicate membership status desired: Active Member Associate Member

1. Last Name _____ First Name _____ Middle Name _____
Address _____
City _____ State _____ ZIP _____ E-mail Address _____

2. FIRM/EMPLOYER'S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ TEL# _____ FAX _____

3. YOUR TITLE AND DUTIES _____

4. DESCRIBE YOUR INVOLVEMENT IN AMUSEMENT/LEISURE INDUSTRY LEGAL AFFAIRS: _____

5. LIST YOUR CURRENT BAR, DEFENSE OR AMUSEMENT INDUSTRIES' TRADE ASSOCIATION MEMBERSHIPS: _____

6. WHAT AMUSEMENT/LEISURE INDUSTRIES' TRADE CONVENTIONS, MEETINGS OR SEMINARS HAVE YOU ATTENDED? _____

7. HOW DO YOU EXPECT TO BENEFIT FROM YOUR MEMBERSHIP IN THE IALDA? _____

8. WHAT CAN YOU CONTRIBUTE TO THE IALDA? _____

9. WHAT PERCENTAGE OF YOUR PROFESSIONAL TIME DO YOU DEVOTE TO THE LEGAL AFFAIRS OF THE AMUSEMENT AND LEISURE INDUSTRIES? _____

10. LAW SCHOOL AND YEAR OF GRADUATION _____

11. STATE WHERE YOU ARE ADMITTED TO THE BAR AND YEAR OF ADMISSION _____

12. STATES OR FEDERAL JURISDICTIONS WHERE YOU AND YOUR LAW FIRM REGULARLY PRACTICE _____

13. HOW MANY TRIALS INVOLVING THE AMUSEMENT AND LEISURE INDUSTRY HAVE YOU PERSONALLY TRIED TO A CONCLUSION DURING THE PAST FIVE YEARS? _____ WHICH JURISDICTIONS? _____

14. WHAT TYPES OF CLIENTS IN THE AMUSEMENT INDUSTRY DO YOU REGULARLY DEFEND AND/OR REPRESENT? (E.G. WATERPARKS, ROLLER RINKS, MANUFACTURERS, SUPPLIERS, ETC.) _____

15. ARE YOU NOW REPRESENTING OR HAVE YOU EVER BEEN RETAINED BY OR REPRESENTED AN INJURED CLAIMANT AGAINST A MEMBER OF THE AMUSEMENT OR LEISURE INDUSTRY? () YES () NO
IF YES, DESCRIBE THE CASE AND STATE THE NAME OF THE DEFENDANTS. _____

16. PLEASE PROVIDE A REPRESENTATIVE LIST OF YOUR CLIENTS IN THE AMUSEMENT/LEISURE INDUSTRY: _____

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17. LIST THE INSURANCE COMPANIES, ASSOCIATIONS OR CORPORATIONS (NOT LESS THAN THREE) THAT KNOW OF YOUR INVOLVEMENT IN THE INDUSTRY OR FOR WHOM YOU HAVE WORKED WITHIN THE PAST FIVE YEARS. INCLUDE THE NAME AND ADDRESS OF INSURANCE PERSON TO WHOM COMPANY OR OTHER ORGANIZATION INQUIRIES ARE TO BE ADDRESSED

18. LIST THE COMMITTEES THAT YOU WANT TO SERVE ON: _____

IF ELECTED TO MEMBERSHIP, I AGREE TO ABIDE BY THE BY-LAWS AND CODE OF CONDUCT OF THE IALDA AND TO IMMEDIATELY NOTIFY THE IALDA OF ANY CHANGES IN MY STATUS THAT WOULD AFFECT MY QUALIFICATIONS AS A MEMBER OF THIS ORGANIZATION.

DATE

SIGNATURE OF APPLICANT

PLEASE ATTACH A COPY OF YOUR RESUME OR BIOGRAPHICAL SKETCH TO THIS APPLICATION

PLEASE PROVIDE THE NAMES AND ADDRESSES OF ANYONE ELSE WHO MIGHT WANT TO JOIN THE IALDA

Send To:

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