

FAX BACK BOTH SIDES OF MEMBERSHIP ACCEPTANCE FORM. YOU MUST SIGN THE CERTIFICATION!

Name	
Email	
Firm Name	
Phone/Fax	
County	
Mailing Address	
City/State/Zip	
Law School	
First Licensed	
NC Bar #	
Graduation Date	

North Carolina Advocates for Justice, PO Box 600017 Raleigh, NC 27605-6017 or FAX 919.832.6361

PAYMENT

Fax Back – 919.832.6361

Check is enclosed

(payable to North Carolina Advocates for Justice)

Charge my: Mastercard Visa AMEX

Card Number/Exp. Date	
Name on Card	
Signature	

Dues are paid on our fiscal year. Your renewal will be 7/1/2010.

Member Category

<input type="checkbox"/> New Admittee to the NC Bar	Free*	Free*
<input type="checkbox"/> Associate (5 years' licensure or less)	\$225	\$112.50
<input type="checkbox"/> Regular (5-10 years' licensure)	\$325	\$162.50
<input type="checkbox"/> Regular (10 years' licensure or more)	\$400	\$200
<input type="checkbox"/> Patron	\$800	\$400
<input type="checkbox"/> Sustaining Patron	\$1,100	\$550
<input type="checkbox"/> Benefactor	\$1,600	\$800
<input type="checkbox"/> President's Club	\$3,000	\$1,500
<input type="checkbox"/> Public Service Lawyer (over 10 years' licensure)	\$200*	\$100*
<input type="checkbox"/> Public Service Lawyer (over 5 years' licensure)	\$150*	\$75*
<input type="checkbox"/> Public Service Lawyer (5 years' licensure or less)	\$120*	\$60*
<input type="checkbox"/> Retired/Affiliate	\$100	\$50
<input type="checkbox"/> Law School Faculty	\$100	\$50
<input type="checkbox"/> Law School Student (3 years)	Free*	Free*
<input type="checkbox"/> Legal Assistant §	\$150*	\$75*
<input type="checkbox"/> Law Office Manager/Administrator §	\$150*	\$75*
<input type="checkbox"/> Legal Assistant (First Year of Practice) §	Free*	Free*
<input type="checkbox"/> Legal Assistant (Faculty/Student) §	Free*	Free*

* Includes one free section

§ Requires certification and/or sponsorship by NC Advocates for Justice member

Section Dues

\$80 \$40 per section (in addition to membership dues.)

LISTSERV?

<input type="checkbox"/> Auto Torts *	_____
<input type="checkbox"/> Civil Rights	_____
<input type="checkbox"/> Consumer Areas of Practice	_____
<input type="checkbox"/> Criminal Defense	_____
<input type="checkbox"/> Disability Advocacy	_____
<input type="checkbox"/> Eminent Domain	_____
<input type="checkbox"/> Employment Law*	_____
<input type="checkbox"/> Family Law	_____
<input type="checkbox"/> Juvenile Defense	_____
<input type="checkbox"/> Legal Assistants Division	_____
<input type="checkbox"/> Nursing Home Litigation*	_____
<input type="checkbox"/> Products Liability	_____
<input type="checkbox"/> Professional Negligence*	_____
<input type="checkbox"/> Small Office Practice	_____
<input type="checkbox"/> Workers' Compensation*	_____
<input type="checkbox"/> New Lawyers Division	_____
<input type="checkbox"/> Hispanic/Latino Division - FREE	_____

* Requires a separate certification found on the back; students may not join

Practice Codes (Choose up to five.)

<input type="checkbox"/> 01 Personal Injury	<input type="checkbox"/> 07 Appellate	<input type="checkbox"/> 12 Wills & Estates	<input type="checkbox"/> 17 Employment	<input type="checkbox"/> 23 Immigration
<input type="checkbox"/> 02 Criminal	<input type="checkbox"/> 08 Administration	<input type="checkbox"/> 13 Corporate	<input type="checkbox"/> 18 Juvenile	<input type="checkbox"/> 24 Elder
<input type="checkbox"/> 03 Family	<input type="checkbox"/> 09 Civil	<input type="checkbox"/> 14 Bankruptcy	<input type="checkbox"/> 19 Traffic	<input type="checkbox"/> 25 Mediation/Arb.
<input type="checkbox"/> 04 Product Liability	<input type="checkbox"/> 10 Environmental	<input type="checkbox"/> 15 Gov't Attorney	<input type="checkbox"/> 20 General Practice	<input type="checkbox"/> 26 Civil Rights
<input type="checkbox"/> 05 Workers' Comp	<input type="checkbox"/> 11 Real Estate	<input type="checkbox"/> 16 Other Areas	<input type="checkbox"/> 21 Social Security	
<input type="checkbox"/> 06 Malpractice			<input type="checkbox"/> 22 Condemnation	

Demographic Information (optional)

Gender	Political Affiliation	Racial/Ethnic Background	<input type="checkbox"/> Bi-racial/Multi-racial
<input type="checkbox"/> Male	<input type="checkbox"/> Democrat	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian American
<input type="checkbox"/> Female	<input type="checkbox"/> Republican	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Other	<input type="checkbox"/> African American	<input type="checkbox"/> Other

TURN OVER! This application is not complete until you have signed the certifications on the opposite side.

North Carolina Advocates for Justice

Membership Acceptance Certification 2009-2010



North Carolina Advocates for Justice Certification

Please
Initial

I apply for membership in the North Carolina Advocates for Justice, Inc. I believe in the organization's mission of Protecting People's Rights through professional and community legal education; championing individual rights; and protecting the safety of North Carolina's families – in the workplace, in the home, and in the environment. I represent the rights of those injured by the wrongful acts of others, the rights of workers or disabled people, the rights of parties in family disputes, the rights of consumers in debt; the rights of those accused of criminal offenses, and/or the civil rights of individuals or otherwise meet the membership qualifications of the North Carolina Advocates for Justice (NCAJ). I am dedicated to the preservation of trial by jury and the advancement of the mission of the organization. I understand that no person shall be eligible for or continue membership in the association, who, for the most part, represents insurance defense in civil matters or the prosecution in criminal matters.

Permission to Fax Certification

Please
Initial

I agree to receive notices, advertisements, announcements, brochures, invoices and other information from North Carolina Advcoates for Justice, Inc., North Carolina Advocates for Justice Foundation, Inc., North Carolina Advocates for Justice Properties, North Carolina Advocates for Justice Political Action Committee (NCAJ-PAC), North Carolina Advocates for Justice Endowment, Carolina Center for Civic Education (CCCE) via facsimile, telephone, or email. I further agree that my express permission to fax, telephone or email me such notices, invoices and other information will continue and have no date of expiration.

Legal Assistant Certification

Please
Initial

I am currently employed by a member in good standing of the North Carolina Advocates for Justice; I have successfully completed a curriculum of training as a legal assistant; or, my attorney/employer attests that I am qualified by training or experience. I am being sponsored by a member of the North Carolina Advocates for Justice in good standing.

Section Certifications

Please write your initials beside the section(s) you wish to join & be sure to sign at the bottom.

Auto Torts Section

Please
Initial

I certify that I meet the following membership criteria of the Auto Torts Section of the NCAJ and that I will immediately notify the Chair of the Auto Torts Section if I no longer meet these criteria:

Auto Torts Section membership is limited to NCAJ members engaged in representing plaintiffs in motor vehicle personal injury cases. Membership is limited to those who do not and whose firms do not participate in the defense of motor vehicle personal injury claims unless approved for membership by the section Chair. Motor vehicle personal injury claims include claims for sickness, bodily injury (physical and mental) and wrongful death that arise out of a motor vehicle claim, but do not include counterclaims.

Further, I certify that should either I or members of my firm undertake participation in the defense of motor vehicle personal injury claims, I agree to immediately notify the Chair of the Auto Torts Section, and I understand that my membership in the section and/or participation on the listserv may continue only with the specific approval of the section chair. I understand no exceptions will be allowed to participation on the listserv if a member of the Auto Torts Section represents a claimant in the claim being defended, unless the member of the Auto Torts Section representing the plaintiff consents in writing, and neither I, nor a member of my firm, represent an insurance company in the defense of the motor vehicle personal injury claim. I understand reinstatement requests shall be made to the section Chair.

Further, I certify that I will not forward or otherwise distribute Auto Torts Listserv messages to non-members of the Auto Torts Section. These messages are intended for the exclusive use of Auto Torts Section members representing plaintiffs in civil actions. Messages may not be furnished to a defendant, defense interest, or any other person not assisting in your case, except as required under the law. If the materials are sought in discovery, I will oppose the discovery, and contact the Chair of the Auto Torts Section.

Yes, I want to participate in the Auto Torts Section Listserv

Employment Law Section

Please
Initial

I hereby certify that I meet the following membership criteria of the Employment Law Section of the NCAJ and that I will immediately notify the Chair of the Employment Law Section if I no longer meet these criteria:

Membership in the Employment Law Section is limited to NCAJ members who are primarily engaged in representing plaintiff-employees in employment and labor matters. For purposes of this requirement, "primarily" means that more than sixty percent (60%) of a member's employment or labor practice is on behalf of employees.

I further certify that I will not forward, distribute or share messages or information obtained through the Employment Section Listserv or the Document Bank with non-members of the Employment Law Section, including those members of my law firm who are not members of the Employment Law Section. I agree that such information is intended for the exclusive use of Employment Law Section members engaged in the representation of plaintiff-employees and is the work product of the attorneys participating in the Listserv and/or Document Bank. I will not furnish such information to a defendant, defense interest, employer, insurance company, or any other person who is not a member of the Employment Law Section, except as required under the law. If such information is sought in discovery, I will oppose the discovery, and I will notify the Chair of the Employment Law Section of the discovery request.

I will notify the Chair of the Employment Law Section of any suspected or known violation of these membership criteria by any other member or non-member of the Employment Law Section.

No exceptions will be allowed to the above stated membership criteria, except as approved in advance by the Chair of the Employment Law Section.

Yes, I want to participate in the Employment Law Section Listserv

Nursing Home Negligence Section Certification

Please
Initial

I certify that I meet the following membership criteria of the Nursing Home Negligence Section of the NCAJ and that I will notify the NCAJ if I no longer meet these criteria. This certification is in addition to any previous certification between NCAJ and me. I understand that the use of the Listserv is a privilege of NCAJ membership and that this privilege may be revoked if I breach the terms of this agreement. The provisions of this agreement shall be enforced by the Executive Committee of the Nursing Home Negligence Section, which has the authority to suspend my access to the Listserv.

Nursing Home Negligence Section membership is limited to Academy members engaged in representing plaintiffs in negligence cases. Membership is limited to those who do not currently represent or work on behalf of any nursing home, rest home (including assisted living facilities), group home, or any healthcare provider defined by N.C. Gen. Stat. § 90-21.11 or their agents or employees concerning the defense of negligence claims against such entities or medical malpractice claims as defined in N.C. Gen. Stat. § 90-21.11.

Further, I certify that should either I or members of my firm undertake participation in the defense of any nursing home, rest home (including assisted living facilities), group home, or any entity whose actions are governed by N.C. Gen. Stat. § 90-21.11 or their agents or employees, I agree to immediately notify the Chair of the Nursing Home Negligence Section, and I understand that my membership in the section may continue only with the specific approval of the Section Chair. I understand no exceptions will be allowed to participation on the listserv during the pendency of the litigation being defended by the Section member. I understand reinstatement requests shall be made to the Section Chair.

I certify that I will not forward or otherwise distribute Nursing Home Negligence Listserv messages to non-members of the Nursing Home Negligence Section. These messages, or the substance or existence of such messages, are intended for the exclusive use of Nursing Home Negligence Section members representing plaintiffs in civil actions. Messages may not be furnished to a defendant, defense interest, or any other person not assisting in my case, except as required under the law. If the materials are sought in discovery, I will oppose the discovery, and immediately contact the Chair of the Nursing Home Negligence Section. Any provision or distribution of materials obtained from the Listserv to anyone who is not a member of the Listserv is explicitly prohibited and any such use may expose the person or persons using these materials in such a manner to ethical sanctions by the NCAJ and / or the appropriate state or local bar association.

I further certify that should any of my employees who had access to the Listserv leave my employment, I will notify the Section Chair within 3 business days and will agree to immediately change my login and password information if that employee had access to that information.

I further certify that should any of my employees who are members of the Listserv leave my employment, I will notify the Section Chair within 3 business days.

Yes, I want to participate in the Professional Negligence Section Listserv

Professional Negligence Section

Please
Initial

I certify that I meet the following membership criteria of the Professional Negligence Section of the NCAJ and that I will notify the NCAJ if I no longer meet these criteria. This certification supercedes any previous certification between me and NCAJ. I understand that the use of the Listserv is a privilege of NCAJ membership and that this privilege may be revoked if i breach the terms of this agreement. The provisions of this agreement shall be enforced by the Executive Committee of the Professional Negligence Section, which has the authority to suspend my access to the Listserv.

Professional Negligence Section membership is limited to Academy members engaged in representing plaintiffs in professional negligence cases. Membership is limited to those who do not currently represent or work for, and whose partners and firm members do not currently represent or work for, insurance carriers, self-insured institutions or professionals concerning the defense of professional negligence claims.

I certify that I will not forward or otherwise distribute Professional Negligence Listserv messages to non-members of the Professional Negligence Section. These messages, or the substance or the existence of such messages, are intended for the exclusive use of Professional Negligence Section members representing plaintiffs in civil actions. Messages may not be furnished to a defendant, defense interest, or any other person not assisting in my case, except as required under the law. If the materials are sought in discovery, i will oppose the discovery, and contact the Chair of the Professional Negligence Section. Any provision or distribution of materials obtained from the Listserv to anyone who is not a member of the Listserv is explicitly prohibited and any such use may expose the person or persons using these materials in such a manner to ethical sanctions by the NCAJ and/or the appropriate state or local bar association.

Workers' Compensation Section

Please
Initial

I am a member or applicant for membership in the Workers' Compensation Section of the North Carolina Advocates for Justice. I believe in and support the mission of Protecting Peoples' Rights and protecting the safety of North Carolina workers. I represent or the lawyer with whom I work represents injured workers. I pledge that neither I nor members of my firm now represent or intend to represent or defend the rights of employers, self-insured employers, insurance companies, carriers or adjusting companies in workers' compensation matters. Should either I or members of my firm undertake such defense representation, I agree to immediately notify the Chair of the Workers' Compensation Section, and I understand that my membership in the section and participation in the section listserv may continue only with specific approval of the section Chair.

Yes, I want to participate in the Workers' Compensation Section Listserv

Applicant's Signature _____ Date _____

Sponsor's Signature _____ Date _____