| Membership Application | | |
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| APPLICANT Information | | |
| Name of Applicant: | | |
| Telephone: | E-mail: | Years of Experience: |
| Certifications: | | |
| States Admitted: | School(s): | |
| company Information | | |
| Name of Company: | | |
| Address: | | State and Zip Code: |
| Telephone: | Web Site: | Number of Employees (including self): |
| Number of Locations in Applicant State: | BBB Complaints against company: yes no (highlight or circle) | Date Established: |
| Primary Practice States: | | |
| Primary Practice Areas: | | |
| Landmark Cases/Verdicts: | | |
| Key Clients: | | |
| INSURANCE | | |
| Professional Liability Insurer and Limits (*required*): | | |
| General Liability Insurer and Limits: | | |
| Cyber Liability Insurer and Limits: | | |
| Automobile Insurer and Limits: | | |
| References (minimum 3) | | |
| **Name** | Firm/Company | Position |
| E-Mail | Telephone | The Gavel member/client: yes no *(highlight or circle)* |
| **Name** | Firm/Company | Position |
| E-Mail | Telephone | The Gavel member/client: yes no *(highlight or circle)* |
| **Name** | Firm/Company | Position |
| E-Mail | Telephone | The Gavel member/client: yes no *(highlight or circle)* |
| **Name** | Firm/Company | Position |
| E-Mail | Telephone | The Gavel member/client: yes no *(highlight or circle)* |
| **Name** | Firm/Company | Position |
| E-Mail | Telephone | The Gavel member/client: yes no *(highlight or circle)* |
| **AUTHORIZATION** | | |
| We authorize the verification of the information provided on this form. We received a copy of this application. | | |
| Signature of applicant: | | Date: |
| Signature of managing partner/owner: | | Date: |