



DLAW office address: 1720 Carey Ave., Ste. 400, Cheyenne, WY 82001

**DEFENSE LAWYERS ASSOCIATION OF WYOMING, INC (DLAW)**

**MEMBERSHIP DUES RENEWAL INVOICE/  
MEMBERSHIP APPLICATION**

We request that for your annual DLAW membership renewal and payment of dues you complete all of the questions in this boxed area. It is not necessary to answer questions 1 - 9 on Page 2 unless your information has changed. Please return the entire form with payment by February 28, 2019.

Printed Name \_\_\_\_\_

**Membership Dues:**

\_\_\_\_\_ **Attorney** - \$235 for the first individual; \$185 for additional attorneys within the same firm (unless other discounted rates apply; one attorney must pay the \$235 before the \$185 rate applies).

*First Attorney Name:* \_\_\_\_\_

*Other Attorney Name(s):* \_\_\_\_\_

\_\_\_\_\_ **Attorney - First Year of Practice** - \$85

\_\_\_\_\_ **Attorney - Second Year of Practice** - \$115

\_\_\_\_\_ **Senior Member/Young Lawyer** - \$160 (Senior members are attorneys who have been engaged in the practice of law for thirty (30) years or who are sixty (60) years of age or older; Young Lawyers are attorneys who have been admitted to the bar for 3-5 years)

**ACKNOWLEDGEMENT:** By signing below I represent and acknowledge that a substantial portion of my practice is devoted to the representation of defendants or businesses in civil litigation. To the extent that I engage in personal injury litigation, at least 50% of my work, as averaged over the last three (3) years, is representing defendants.

I have read the foregoing, agree to same, and hereby apply for membership with the Defense Lawyers Association of Wyoming, Inc.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

Please make checks payable to Defense Lawyers Association of Wyoming, Inc.

**Mail to:** Peggy L. Schultz, DLAW Executive Director, 4135 Topsail Trail, New Port Richey, FL, 34652



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1. Wyoming State Bar No.: \_\_\_\_\_
2. Date of Birth \_\_\_/\_\_\_/\_\_\_\_ (mm/dd/yyyy) Year of admission to the bar \_\_\_\_\_
3. If a member or associate of a law firm:  
Name of firm: \_\_\_\_\_  
Number of years with firm: \_\_\_\_\_
4. Firm mailing address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
5. Have you been admitted to the bar for five years or less? Yes / No
6. Please check the areas of law and/or committees you are interested in:

<input type="checkbox"/> Alternative Dispute Resolution	<input type="checkbox"/> Government Liability	<input type="checkbox"/> Technology
<input type="checkbox"/> Appellate Advocacy	<input type="checkbox"/> Insurance Law	<input type="checkbox"/> Toxic Torts and Environmental Law
<input type="checkbox"/> Aviation Law	<input type="checkbox"/> In-house counsel	<input type="checkbox"/> Trial Tactics
<input type="checkbox"/> Commercial Litigation	<input type="checkbox"/> Law Practice Management	<input type="checkbox"/> Trucking/ Transportation Law
<input type="checkbox"/> Construction Law	<input type="checkbox"/> Lawyer's Professionalism and Ethics	<input type="checkbox"/> Women in the Law
<input type="checkbox"/> Diversity	<input type="checkbox"/> Life, Health, and Disability	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> DRI International	<input type="checkbox"/> Medical Liability and Health Care Law	<input type="checkbox"/> Young Lawyers (open to those in practice 5 years or less***)
<input type="checkbox"/> Drug and Medical Device	<input type="checkbox"/> Product Liability	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Electronic Discovery	<input type="checkbox"/> Professional Liability (other than medical)	
<input type="checkbox"/> Employment and Labor Law	<input type="checkbox"/> Retail and Hospitality	
<input type="checkbox"/> Fidelity and Surety		

**Please answer the following questions if you are applying for membership:**

7. Have you ever been a member of DRI? Yes / No
8. Have you ever been a member of DLAW before? Yes / No
9. How did you hear about DLAW and/or who referred you?