



## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_  
(print your name as you wish it to appear in the JJA records)

Firm: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Direct Line: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Year Admitted to the Florida Bar: \_\_\_\_\_ Florida Bar Number: \_\_\_\_\_

I hereby certify that I am a member in good standing of The Florida Bar and that my personal practice does not involve the defense of insurance companies, manufacturers, governmental entities, transportation companies or public entities in personal injury or wrongful death matters and that I comply with all rules and regulations of The Florida Bar concerning advertising for and the solicitation of accident victims. I further certify that I have reviewed and agree to comply with the Jacksonville Justice Association's Listserv Use Policy.

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

\_\_\_\_\_  
Signature of the Applicant

Your application must be endorsed by two current members of the JJA.

1. \_\_\_\_\_  
Signature

2. \_\_\_\_\_  
Signature

Please attach a check for \$150.00 payable to The Jacksonville Justice Association to cover yearly dues through December of the current year. Return form to The Jacksonville Justice Association, P.O. Box 551636, Jacksonville, FL 32255.