

Application for Membership

I hereby apply for membership in The Cleveland Academy of Trial Attorneys, pursuant to the invitation extended to me by the member of the Academy whose signature appears below. I understand that my application must be seconded by a member of the Academy and approved by the President. If admitted to the Academy, I agree to abide by its Constitution and By-Laws and participate fully in the program of the Academy. I certify that I possess the following qualifications for membership prescribed by the Constitution:

1. Skill, interest and ability in trial and appellate practice.
2. Service rendered or a willingness to serve in promoting the best interests of the legal profession and the standards and techniques of trial practice.
3. Excellent character and integrity of the highest order.

In addition, I certify that no more than 25% of my practice and that of my firm's practice if I am not a sole practitioner, is devoted to personal injury litigation defense.

Name: _____ Age: _____

Firm Name: _____

Office Address: _____

Phone: _____ Fax: _____ Email: _____

Home Address: _____ Phone: _____

Spouse's Name: _____ No. of Children: _____

Schools Attended and Degrees (Give Dates): _____

Professional Honors or Articles Written: _____

Date of Admission to Ohio Bar: _____ Date of Commenced Practice: _____

Percentage of Cases Representing Claimants: _____

Do you Do 25% or More Personal Injury Defense: _____

Names of Partners, Associates and/or Office Associates (State Which): _____

Membership in Legal Associations (Bar, Fraternity, Etc.): _____

Date: _____ Applicant: _____

Invited: _____ Seconded By: _____

President's Approval: _____ Date: _____

Please return completed Application with \$125.00 fee to:

CATA, c/o George E. Loucas, R.Ph., J.D.
Loucas Law, L.P.A.,
6060 Rockside Woods Blvd. Suite 250
Independence, OH 44131