

SOUTHWEST FLORIDA TRIAL LAWYERS ASSOCIATION
MEMBERSHIP APPLICATION

Please e-mail your completed application to ***info.swfltla@gmail.com***

APPLICANT INFORMATION

Name: _____

Firm: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

ELIGIBILITY CERTIFICATION
(Initial each)

____ I am licensed to practice law and I am a member in good standing of The Florida Bar.

____ I practice personal injury law on behalf of plaintiffs in the Southwest Florida area.

____ For the past six (6) continuous months, neither I nor my firm have engaged in the defense of insurance companies in personal injury or wrongful death matters.

____ I understand that membership is subject to approval by the Board of Directors and that I have a continuing duty to notify the Association if I no longer meet the eligibility requirements.

CERTIFICATION

I certify that the foregoing is true and correct.

Signature: _____

Printed Name: _____

Date: _____