



## Application for Fellowship

1. Applicant Name \_\_\_\_\_
2. Law Firm Name \_\_\_\_\_
3. Business Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Cell \_\_\_\_\_
5. Email Address \_\_\_\_\_
6. Year Admitted to the Bar \_\_\_\_\_

To expedite your application process, you may attach your curriculum vitae to this form for the following section:

7. List all State and Federal Courts to which you are admitted to practice, starting with the year in which you were admitted.

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8. List all National and State Trial Lawyer Associations in which you hold membership:  
*(You must be a member of your state TLA and the American Association for Justice in order to join STLA.)*

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9. List all positions or offices which you have held for any bar or trial lawyer organization:

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10. Please list professional honors, appointments, achievements, or other notable professional accomplishments:

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## Application for Fellowship, Part II

By signature on this application, I hereby certify that **I am an active and full dues paying member of the American Association for Justice and my state trial lawyers association.** I hereby authorize the Southern Trial Lawyers Association to verify that I hold these memberships prior to approving this application.

I further understand that I must continue to be an active and full dues paying member of both AAJ and my state trial lawyer association, and withdrawal of membership from either organization will automatically terminate my fellowship with the Southern Trial Lawyers Association.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### To be considered for STLA Membership:

- Return this application with a check payable to STLA for \$200. If you have been in practice for less than 5 years, the membership dues are \$100.
- Your application must be signed by a member of the Board of Governors.

**Name of Member Nominating Applicant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Board Member Approving Membership:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed application to STLA, 1700 N. Monroe Street, Suite 11-178, Tallahassee, FL 32303. Please make sure you have done the following:

- Answer all questions
- Obtain the signature of a member of the STLA Board of Governors. For a list of Board members go here: [https://www.southerntriallawyers.com/board\\_of\\_governors.php](https://www.southerntriallawyers.com/board_of_governors.php)
- Enclose a check for membership dues payable to STLA. If you prefer to pay by credit card, call the STLA office at 850-926-4599.