



AMERICAN
ASSOCIATION FOR
JUSTICE[®]

The Association for Trial Lawyers

AMERICAN ASSOCIATION FOR JUSTICE
**MEDICAL NEGLIGENCE
INFORMATION EXCHANGE GROUP**
MEMBERSHIP APPLICATION

Membership limited to Plaintiff Attorneys only.

Annual Membership Dues: \$200

Name: _____

Name of Firm: _____

Address: _____

City: _____

Office Phone Number: _____

Fax Number: _____

E-mail Address: _____

AAJ ID #: _____

This must be included in your application. If you do not know your number, call AAJ at 202.965.3500 or 800.424.2725, ext. 611.

Type of AAJ Membership:

Regular _____ Sustaining _____ Leaders Forum _____ President's Club _____ Life _____

Year Admitted to Practice: _____ State Bar #: _____

Practice Area: _____

Number Of Medical Negligence Cases Currently Handling: _____

Approximate Number Of Medical Negligence Cases Handled In The Past 5 Years: _____

I CERTIFY THAT I AM A PLAINTIFF ATTORNEY AND DO NOT REPRESENT INSURANCE COMPANIES AND/OR HOSPITALS IN MEDICAL NEGLIGENCE CASES AND THAT I WILL ABIDE BY THE BYLAWS OF THE MEDICAL NEGLIGENCE INFORMATION EXCHANGE GROUP. I FURTHER CERTIFY THAT I AM A MEMBER OF THE PROFESSIONAL NEGLIGENCE SECTION OF AAJ OR THAT I AM ARRANGING WITH AAJ TO JOIN THE PROFESSIONAL NEGLIGENCE SECTION CONTEMPORANEOUS WITH SUBMITTING THIS APPLICATION.

Signature: _____

Date: _____

Please make a check payable to the **Medical Negligence Information Exchange Group (MNIEG)**. Please send completed application and check to:

Membership Department
Medical Negligence Information Exchange Group
c/o Miller Weisbrod, LLP
11551 Forest Central Dr., Suite 300
Dallas, Texas 75243

medneg@millerweisbrod.com

If we need to contact you to service your membership record or to provide you with information about member products and services and advocacy and legislative updates, we will honor your contact preferences. By providing your contact information, including phone number, fax number, and email address, you consent and give permission for AAJ to contact you by any of those means, which may include calls to your mobile phone, faxes, or emails. You may contact AAJ at any time to change your preferences.



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PAYMENT INFORMATION

Check is enclosed

Make payable to “Medical Negligence Information Exchange Group (MNIEG)” and include name, AAJ ID Number, and “MNIEG” in Memo

Signature: _____

Membership dues paid to the American Association for Justice (AAJ) are not tax deductible as charitable contributions for income tax purposes. However, dues may be tax deductible as ordinary and necessary business dues and expenses subject to restrictions imposed as a result of AAJ's lobbying activities. AAJ estimates that the portion of dues and other similar amounts that it expects to receive that are allocable to AAJ's lobbying expenditures is 37%. Accordingly, currently 63 percent of your dues and contributions to AAJ may be deducted as ordinary and necessary business expenses. Please consult your tax advisor to confirm.