

# TLA *Application for Membership*

Please print or type the following information:

1. Name of Applicant \_\_\_\_\_  
Spouse's name \_\_\_\_\_ Spouse's Email \_\_\_\_\_  
*Last First Middle Initial*
2. Company/Firm Name \_\_\_\_\_  
Title/Position \_\_\_\_\_  
*(If no title or position, please indicate if sole proprietor, or associate or member of law firm.)*  
Office Address \_\_\_\_\_  
*Street City State or Province Country Zip Code*  
Office Telephone \_\_\_\_\_ Website Address \_\_\_\_\_  
Email \_\_\_\_\_
3. Secretary's name \_\_\_\_\_ Email \_\_\_\_\_
4. Home Information \_\_\_\_\_  
*Street City State or Province Country Zip Code*  
Home Telephone \_\_\_\_\_
5. I received the following academic degrees:  
Degree \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_  
Degree \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_
6. State(s)/Province(s) to which I am admitted: \_\_\_\_\_  
 Yes  No -I am member in good standing of the bar of my current residence. (Please attach a certificate of good standing)
7. I am involved in the following areas of transportation law: \_\_\_\_\_
8. Who may we thank for referring you to TLA: \_\_\_\_\_
9. Member Type *(for qualification criteria, please visit <https://translaw.org/Pages/Join-TLA.aspx>):*  
 Active Member ..... \$280  
 Corporate Counsel Active Member ..... \$225  
 Active Member and *First-time* Member of Canadian Transport Lawyers Association.....\$405  
 Law Professor..... \$85  
 Government/Judicial Member ..... \$135  
 Student Member. .... \$35

**Please enclose payment with application form.**

- Check enclosed (please make checks payable to TLA in U.S. Currency)  
 MasterCard  VISA  Discover  American Express

Amount \$ \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

10. I hereby make the following representations:  
 Yes  No - By submitting this application, I verify that I, as required by the TLA's Bylaws, am a licensed lawyer who is engaged in any field or phase of transportation law which involves representing and/or assisting providers and/or commercial users of logistics and transportation services, and do not hold myself out as one who regularly engages in the prosecution of plaintiff's personal injury claims against providers of logistics and transportation services. (If an explanation is suggested by your response to this inquiry, please provide on a separate sheet.)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please send to:** Transportation Lawyers Association  
111 West Jackson Blvd., Suite 1412  
Chicago, IL 60604  
913-222.8652 • Fax: 913-222-8606 • TLA-info@kellencompany.com • www.translaw.org

NOTES: ● Submission and acceptance of this membership application authorizes the TLA Executive Office the right and privilege to email you as a member.  
● TLA does not sell or distribute in any other manner its member email address list.  
● TLA does not invoice for services, including membership and event registration.

# TLA Committees Application Form

Please indicate your choices for committee assignments on the following committees:

## PRACTICE DIVISION

### Subject Area Committees

- Alternative Dispute Resolution
- Antitrust and Unfair Trade Practices
- Bankruptcy and Creditors' Rights
- Brokerage, Logistics and E-Commerce
- Casualty Litigation
- Commercial and Business Litigation
- Federal Regulations
- Freight Claims
- International Trade and Transportation
- Labor and Human Resources

### Modal Committees

- Admiralty and Maritime
- Aviation
- Motor Carrier
- Rail

## MEMBERSHIP AND ADMINISTRATIVE DIVISION

- Constitution and Bylaws
- Corporate Counsel
- Memorials/History
- New Members
- Recruitment and Member Services
- Student Scholarship Committee
- Technology/Social Media
- Young Members

If you have any questions about membership or member services, please contact the TLA Executive Office at (913) 222-8652 or the Chair of the Committee on Recruitment and Member Services, Fritz Damm, at (313) 237-7400.

### Please print or type the following information:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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