



## Professional Membership Application

**Instructions: Please complete this application as thoroughly and accurately as possible.**

Name:

Organization/Firm & Address:

Telephone:

Email:

Organization/Firm Description:

Please indicate your membership description: (please check all that apply)

Bar Association Employee

Law Professor

Legal Aid Organization

Legal Nonprofit (not Legal Aid)

Other Nonprofit

Private Law Firm (# of lawyers):

Other (please describe):

Number of Years practicing in Disability Law:

Over the past 5 years, what are the relative percentages of your practice?  
[Provide your best estimates that total 100%]

<b>Area of Law / Party</b>	<b>Percentage</b>
Disability and civil rights representation combined / Plaintiff	
Disability and civil rights representation combined / Defense	
Others (specify)	
<b>Total</b>	<b>100%</b>

Any subspecialties within Disability Law?

Of the work you do in the area of Disability Law, please indicate the estimated percentage of work that is Full Fee, Fee Shifting/Contingency, Low Bono (discounted fee), Pro Bono (free legal services).

<b>Type of Fee for Legal Service</b>	<b>%</b>
Full Fee	
Low bono (discounted fee)	
Pro bono	
Other	

Please provide any information about representative cases you have handled in the area of Disability Law.

How did you find out about the DRBA?

DRBA Member who is recommending you for membership (name and contact):

Please provide any additional information you would like the Executive Committee to consider in reviewing your application to join the Disability Rights Bar Association.

Date:

Signature:

Please email your completed form to [DRBA-law@law.syr.edu](mailto:DRBA-law@law.syr.edu)  
or fax to: DRBA, 315-443-9725

**Thank you for your interest in the Disability Rights Bar Association.**

The Disability Rights Bar Association is hosted by the Burton Blatt Institute at Syracuse University – <http://bbi.syr.edu>

