



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

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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

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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.