



Application for Membership

I hereby apply for membership in The Cleveland Academy of Trial Attorneys, pursuant to the invitation extended to me by the member of the Academy whose signature appears below. My application must be seconded by a CATA member and approved by the President. I agree to abide by CATA's Constitution and By-Laws and participate fully. I certify that no more than 25% of my practice, nor my firm's practice, is devoted to personal injury litigation defense. I also certify I possess the following qualifications for membership prescribed by the Constitution:

1. Skill, interest and ability in trial and appellate practice.
2. Service rendered or a willingness to serve in promoting the best interests of the legal profession and the standards and techniques of trial practice.
3. Excellent character and integrity of the highest order.

Name: _____ Email: _____

Firm: _____

Office Address: _____ Phone: _____

Home Address: _____ Phone: _____

Law School / Year Graduated: _____

Professional Honors or Articles Written: _____

Year Admitted (Ohio): _____ Year Began Practice: _____ Percent of Cases Representing Claimants: _____

Names of Partners, Associates and/or Office Associates (State Which): _____

Membership in Legal Associations (Bar, Fraternity, Etc.): _____

Applicant Signature: _____ Date: _____

Invited By: (print) _____ (sign) _____

Seconded By*: (print) _____ (sign) _____

(*if blank we will seek a second from the membership)

Please return completed Application with membership dues to:

Cleveland Academy of Trial Attorneys
c/o Peter Soldato, Esq., Treasurer
Dicello Levitt
8160 Norton Parkway, Mentor, Ohio 44060
(440) 953-8888; Fax (440) 953-9138
Email: psoldato@dicellolevitt.com

CATA Membership Dues

First-Year Lawyer: \$50
New Member (rec. before 7/1): \$175
New Member (rec. after 7/1): \$100

All members are responsible for \$175 annual dues to remain in good standing

[FOR INTERNAL USE]

President's Approval: _____ Date: _____

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