



Membership Application Hawaii Association for Justice

P.O. Box 4216 • Honolulu, HI. 96812 • Ph: (808) 265-7830 • E-mail: director@justicehawaii.com

☐ Returning Member ☐ New Member

20% of your dues are Not Tax Deductible

Be sure to check with your accountant regarding your taxes and deductions.

Please email a photo and a 1-2 paragraph bio (if you don't have one on your profile)

(Photo will be scanned and returned or please email in jpeg or tiff format to director@justicehawaii.com)

☒ Indicates Required Info

☒ Name: ☐ Mr ☐ Ms _____

☒ Informal Name (name you preferred to be called): _____

☒ Firm Name: _____

☒ Firm Address: _____

☒ City _____ ☒ State _____ ☒ Zip _____

☒ Work Phone: _____ ☒ Hawaii Bar Date: _____ ☒ Hawaii Bar # _____

☒ Website URL: _____

Information Below Not for Public View... but still Required

☒ E-mail Address: _____ ☒ Alt E-mail Address: _____

☒ Cell Phone: _____ ☒ Fax #: _____ ☒ Birthdate _____ / _____ / _____
MO / DAY

Annual Dues: Full Membership : (For Membership January - December 2020) ****20% of your dues are Non Tax Deductible.**

☐ New to HAJ (Trial Member or Never a Member) \$600 1st yr.
(\$500 if paid in full by Jan. 31 '20)

☐ 5 yrs or less in practice (from 1st license any state) \$600 each yr.
(\$500 if paid in full by Jan. 31 '20)

☐ 6 Years + in practice (in any state) \$1,200 each yr.
(\$1000 if paid in full by Jan. 31 '20)

Your practice benefits greatly from the HAJ Legislative Lobbying and Education work we do. Should you be joining at a higher membership level to support this important work?

☐ Supporting Member \$ 2,000
☐ HAJ Advocate \$ 3,000
☐ Leadership Council \$ 5,000
(Includes Leadership Forum)
☐ HAJ Benefactor \$15,000
☐ President Club \$20,000

☒ **Payment:** ☐ Monthly ☐ Quarterly ☐ In Full By: ☐ Check ☐ VISA ☐ MasterCard ☐ Amex

Card Number: _____ CVC : _____ Exp. Date: _____ \$ Amt _____

Billing Address for card: _____
(Same as Business Address Above) ☐

Signature as it appears on card: _____



Membership Application

Law Practice Information

Please take the time to fill this page in as completely as possible. All of this information will be used to fill out the HAJ Public Website 24/7 Attorney Search database. If you don't fill it in you won't be in the search database. Our Referral Line first sends callers to the website to search for attorneys. Don't miss out on their search results!

States you are Licensed to Practice in Other than Hawaii:

List any Foreign Languages you are comfortable speaking:

Location of practice (select multiple if needed) : ☐ Oahu ☐ Big Island ☐ Kauai ☐ Maui

Areas of Litigation Practice: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Animal Attacks | <input type="checkbox"/> Federal Employment/Labor | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Appeals | <input type="checkbox"/> Federal Work Comp | <input type="checkbox"/> Personal Injury/ Wrongful Death |
| <input type="checkbox"/> Auto/Motorcycle Accident | <input type="checkbox"/> Insurance/ Bad Faith | <input type="checkbox"/> Premises Liability |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Landlord /Tenant | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Catastrophic Injuries | <input type="checkbox"/> Maritime | <input type="checkbox"/> Professional Malpractice |
| <input type="checkbox"/> Construction/Industrial Accidents | <input type="checkbox"/> Mediation/Arbitration | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Consumer Fraud | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Military Law | <input type="checkbox"/> Other _____ |

Additional Areas of Practice: (check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> ADA/Disability | <input type="checkbox"/> Defamation | <input type="checkbox"/> Immigration | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Bankruptcy/Financial | <input type="checkbox"/> Discrimination | <input type="checkbox"/> IRS Tax Law | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Business Law | <input type="checkbox"/> Divorce | <input type="checkbox"/> Patents /Trademarks | <input type="checkbox"/> Special Needs Plans |
| <input type="checkbox"/> Children's Rights | <input type="checkbox"/> Drunk Driving | <input type="checkbox"/> Probate | <input type="checkbox"/> Surrogacy Contracts |
| <input type="checkbox"/> Consumer Fraud | <input type="checkbox"/> Elder Law | <input type="checkbox"/> Public Benefits | <input type="checkbox"/> Traffic Court |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Environment | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Veteran Disability |
| <input type="checkbox"/> Class Actions | <input type="checkbox"/> Estates/Trusts/Wills | <input type="checkbox"/> Securities Fraud | <input type="checkbox"/> Victims of Crime |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Family Law | <input type="checkbox"/> Settlement Planning | Other _____ |
| <input type="checkbox"/> Debtor's Rights | <input type="checkbox"/> First Amendment Rights | <input type="checkbox"/> Sexual Abuse | Other _____ |



Membership Application Verification and Information

✓ **Required Section for All Applicants

I certify by signing below, that I am admitted to the bar in the State of Hawaii, that I predominately represent plaintiffs, claimants or injured persons in my tort practice and predominately represent accused persons in criminal matters. All my information here is accurate and I shall fully abide by the Code of Ethics and ByLaws of the Hawaii Association for Justice. Receiving access to the HAJForum requires signing and abiding by the HAJ Forum Confidentiality Agreement.

Signature for Full Membership Application ✓ _____

This Section Required for New Applicants Only

✓ Name: _____ Phone: _____

✓ I am being sponsored into HAJ by: _____
(must be an HAJ Member in good standing)

✓ I presently have *and/or* my firm presently does...

_____ % Plaintiffs personal injury *and/or* insurance claimant's law practice

_____ % Insurance tort defense practice

_____ % Claimant's worker's compensation claim practice

_____ % Insurance defense worker's compensation claim practice

_____ % Other specify _____

_____ % Other specify _____

✓ All prior places of
employment as an attorney

1. _____

2. _____

3. _____

4. _____

The application process will take a few weeks from the time you return your application. We will send it on to the Membership Cmte. and they will contact you for an interview. Once the interview is complete the Cmte will compile their notes and pass them onto the HAJ Board for a vote. We will contact you after the vote is taken. You are always welcome to contact me anytime you have any questions!

Signature of Applicant: _____

Hawaii Association for Justice

Ph: (808) 265-7830 • Website: <https://haj.justicehawaii.com> • E-mail: director@justicehawaii.com



✓ ***** Required Section for All Applicants***

The Hawaii Association for Justice

HAI-Forum and E-lists Confidentiality Agreement

1. For purposes of this Confidentiality Agreement, "HAIForum" means any and all email distribution groups maintained for the benefit of the Hawaii Association for Justice by Higer Logic, TrialSmith, Inc., or any successor organization. The HAIForum is limited to a private group of lawyers, and is created and maintained for the purpose of sharing information. Any information distributed through the HAIForum is proprietary in nature, and may be used only by the registered members of the HAIForum.

2. Use of the HAIForum is limited to HAI members in good standing, who have been appropriately registered by HAI. HAI provides the HAIForum as a service to assist members in the sharing of information relating to existing or contemplated litigation and for the purpose of obtaining counsel, advice and assistance in connection therewith. HAI does not screen email content prior to posting and, therefore, accepts no responsibility for the opinions and information on the Listserv.

3. I understand and agree that HAIForum materials are intended for the **exclusive use of HAI members representing clients in civil actions for personal injuries, civil rights, employment, workers' compensation or business torts, or criminal defense matters, and I will not disseminate proprietary ideas or discussions taking place on the HAIForum except in furtherance of prosecution of such actions.** Unless in furtherance of prosecution of such actions, I agree not to forward or otherwise distribute HAIForum messages, attachments, or the contents thereof, to those who are not registered HAIForum participants without the consent of the author(s) of such materials.

4. I understand and agree that any and all communications from or to me with reference to the foregoing may be considered proprietary and confidential. I specifically undertake and agree that I will actively resist any attempt by persons who are not registered HAIForum participants to gain access to HAIForum communications, whether access is attempted through formal discovery or any other means, and I will assert all applicable privileges, including work-product doctrine, in resisting such attempts to access Listserv materials. I further agree to notify HAI immediately if any attempt is made to access HAIForum communication through summons, subpoena or otherwise.

Distribution of HAIForum information to anyone may be deemed a waiver of privileges. Any violation of the above rules, may result in expulsion from the HAIForum and HAI membership.

HAI reserves the right to change the requirements for HAIForum participation at any time and to require participants to sign updated forms as a condition of continued participation on the HAIForum.

I certify to the Hawaii Association for Justice (HAI) and its members that I have read the above and agree to all of the terms.

✓ Signature _____ ✓ Date _____

✓ Name (please print) _____ ✓ HSBA # _____

✓ Email Address _____



HAI - PAC

Contribution Form

"Money Talks and B.S. Walks"

Monthly ☐ \$10 ☐ \$20 ☐ \$25 ☐ \$40 (max) Other ☐ \$ _____

One Time ☐ \$150 ☐ \$250 ☐ \$500 ☐ \$1000 (max) Other ☐ \$ _____

By law, the **maximum contribution** to the HAI-PAC between any General Election and following Primary Election (approximately 24 mo) is **\$1000** for any one person (about \$40 a month). Small ongoing contributions, grow for future elections. ***Giving affordable donations over a long period is far less painful than writing big checks at election time!***

State laws require the following information regarding the contributor (please print)

Full Name: _____

Firm Name: _____

Email Address: _____

Business Address: _____

City, State, Zip: _____

Payment Information: ☐ Credit Card ☐ Check (for one time payments only)

Please charge my credit card in the increments as stated above. I can (1) Request a statement at anytime of my contribution record with the HAI - PAC account, but understand I will not receive monthly statements. (2) I reserve the right to revoke this authorization by giving written notice to the HAI offices at anytime prior to the 5th of each month. PAC Payments are not tax deductible.

☐ MasterCard ☐ Visa ☐ Amex

Credit Card# _____ Exp.Date _____ CVC # _____

Name (as it appears on the card) _____

Billing Address for card (street, city & zip) _____

Signature as it appears on the card