

AMERICAN ACADEMY OF ASSISTED REPRODUCTIVE TECHNOLOGY  
ATTORNEYS  
APPLICATION FOR REGULAR MEMBERSHIP

Thank you for your interest in the American Academy of Assisted Reproductive Technology Attorneys (“AAARTA”), a specialty division of the American Academy of Adoption Attorneys (“AAAA”). Benefits of membership include the following:

- Ability to cross-refer cases within and across state lines to other qualified assistive reproductive technologies (ARTs) practitioners
- Network via cross referrals and attendance at conferences
- On-line Membership Directory;
  - locate other ARTs practitioners easily
  - be readily available to the public and to ARTs agencies who look on-line for ARTs attorneys
- Enhanced website presence via AAARTA Directory being linked to the AAAA website and ability to cross-link your own website to the on-line AAARTA Directory
- Ability to know that the practitioners listed are sufficiently qualified in other states to handle ARTs matters
- Coordination of legislative and public education efforts
- Coordination of legal research
- Notification via the listserv of recent developments and case decisions
- Ability to call upon the AAARTA amicus committee for AAARTA to take a position in cases on appeal
- Support and re-enforcement of ethical practices
- Built in body of ARTs “advisors” via the listserv benefit and conferences
- Ability to attend state of the ARTs CLE courses
- Enhance exposure of your practice through AAARTA outreach, marketing, and public relations

Mark Demaray, AAAA President, and Judy Sperling-Newton, AAARTA Director, have designated Colleen M. Quinn to receive member applications. Although this application at first glance may seem cumbersome to complete – it is relatively easy to fill out. So, if you are not a current AAAA Fellow, please complete this application and scan and e-mail it to [quinn@lockepartin.com](mailto:quinn@lockepartin.com) and mail the original to:

Colleen M. Quinn, Esq.  
AAARTA Membership Chair  
Locke Partin DeBoer & Quinn, PLC  
P.O. Box 11708  
Richmond, Virginia 23230

Please include:

- a) Your completed eight page application (either complete this form in PDF and print and sign or print, handwrite and sign). Do not forget to sign.
- b) Your Non-Refundable Application Fee of \$150.00, payable to the “American Academy of Adoption Attorneys.” Also note that, if your application is accepted, your \$500.00 annual dues must be paid in order for you to become an AAARTA Fellow.
- c) Copies of the following documents used in your legal practice:
  1. attorney advertisements you disseminate related to your ARTs practice; and
  2. fees and expenses materials, including fee agreements, employment contracts or agency fee materials, if your fees are included, related to your ARTs practice.
- d) Your completed grid containing verification that you have completed at least fifty (50) diverse ARTs matters (as defined on the grid). You should put the month and date in the appropriate block for each matter, filling in only one date per row for all fifty rows. Only one client (or client set if a couple) may be used per each matter; you may not use the same client(s) for more than one row. The grid cannot be filled out electronically and must be printed out and completed by hand or typewriter.
- e) If you have any questions or need clarification, please e-mail Colleen Quinn at [c.quinn@adoptionattorneys.org](mailto:c.quinn@adoptionattorneys.org) or call her at (804)545-9406.

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1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Firm Name: \_\_\_\_\_ No. of Attorneys: \_\_\_\_\_
3. Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. Phone: (        ) \_\_\_\_\_ Fax : (        ) \_\_\_\_\_
5. E-Mail: \_\_\_\_\_
5. Website URL (i.e. [www.babiesareus.com](http://www.babiesareus.com)): \_\_\_\_\_
6. Cell Phone (if desired to be shared with other members only, not for public disclosure: (        ) \_\_\_\_\_
7. Home Phone (if desired to be shared with other members only, not for public disclosure: (        ) \_\_\_\_\_
8. Your Firm’s Practice Areas: \_\_\_\_\_

9. Your Practice Areas: \_\_\_\_\_

10. What percentage of your practice is ARTs? \_\_\_\_\_%

11. State(s) and Date(s) of Bar Admission(s) \_\_\_\_\_

12. State Bar Number(s) \_\_\_\_\_

13. Total Years in Practice: \_\_\_\_\_ Years Handling ARTs matters: \_\_\_\_\_

14. Previous or concurrent occupation(s) separate from law practice (including dates):  
\_\_\_\_\_  
\_\_\_\_\_

15. Approximate total number of ARTs matters you have handled as an attorney:  
\_\_\_\_\_

a) What percentage were:

- 1) Drafting ARTs Agreements \_\_\_\_\_%
- 2) Negotiating or Revising ARTs Agreements \_\_\_\_\_%
- 3) Obtaining Pre-Birth Orders \_\_\_\_\_%
- 4) Obtaining Parentage Orders \_\_\_\_\_%
- 5) Handling Adoptions Relating to ARTs Matters \_\_\_\_\_%
- 6) Other Birth Certificate Amendment Procedures \_\_\_\_\_%
- 7) Contested ARTs matters \_\_\_\_\_%
- 8) Other (describe) \_\_\_\_\_%
- TOTAL 100%

b) In what percentage did you represent:

- 1) Surrogate or Gestational Carrier \_\_\_\_\_%
- 2) Intended Parent(s) \_\_\_\_\_%
- 3) Egg Donor(s) \_\_\_\_\_%
- 4) Sperm Donor(s) \_\_\_\_\_%
- 5) Embryo Donors(s) \_\_\_\_\_%
- 6) Medical Clinics \_\_\_\_\_%

7)	Private Agency	_____ %
8)	Other (describe) _____	_____ %
	TOTAL	100%

16. Number of ARTs matters in the past two years:

Current Year: \_\_\_\_\_ Last Year: \_\_\_\_\_

17. In approximately how many ARTs matters have you been involved in which you were working with conflict of law issues and attorneys in other states?

\_\_\_\_\_

a) Between which states? \_\_\_\_\_

b) Identify any AAAA attorneys you worked with in the other states.

\_\_\_\_\_

c) Describe your involvement. \_\_\_\_\_

\_\_\_\_\_

18. Please provide names of any other AAAA members (not already identified in item 17) with whom you have worked or consulted on any ARTs related cases, with whom you may have given presentations, and/or who may be familiar with your work in ARTs matters:

\_\_\_\_\_

\_\_\_\_\_

19. If you regularly represent (or handle ARTs matters involving) surrogacy or egg donor agencies, please provide the agency name, address, telephone number and name of a contact person for each such agency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. If you regularly represent (or handle ARTs matters involving) any medical facilities or fertility clinics, please provide the clinic name, address, telephone number and name of a contact person for each such facility:

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21. Please list any Continuing Legal Education (CLE) credit hours that you have attended in ARTs, either sponsored by AAAA or another group. Also indicate if you have taught or given any presentations at any ARTs conferences and, if so, then include your presentation outline with this application.

For your reference, below are the AAAA-AAARTA sponsored ARTs conferences offered in the past few years which were open to non-AAAA Fellows and the maximum number of hours offered at each.

District of Columbia; October 2005 - 12 available ARTS hours  
Chicago, IL; October 2008 - 10 available ARTS hours

<u>Date</u>	<u>Course/Conference Title</u>	<u>Location</u>	<u># CLE Credits</u>
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22. Colleges and Universities attended: Degrees/Dates:

_____	_____
_____	_____
_____	_____

23. Honors: \_\_\_\_\_

24. Publications: \_\_\_\_\_

25. Professional/Civic Organizations: \_\_\_\_\_

\_\_\_\_\_

26. Hobbies/Interests/Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

27. Have you previously applied for membership in the American Academy of Adoption Attorneys? \_\_\_\_\_

If yes, year and outcome of application: \_\_\_\_\_

28. Have you ever been convicted of a crime, or do you now have any criminal charges pending against you? \_\_\_\_\_ If yes, please provide a detailed explanation of each case, by attachment, if necessary.

29. Have you ever been professionally disciplined, or do you now have pending any matter of professional discipline? \_\_\_\_\_ If yes, please provide a detailed explanation of each matter.

30. Have you ever been sued for malpractice or professional negligence, including counterclaims? \_\_\_\_\_ If yes, please provide a detailed explanation of each case including jurisdiction, case number, date, nature of case, outcome or current status, along with any relevant documents.

31. Have you ever been denied membership in, or disciplined, suspended, removed or asked to withdraw from membership by a professional organization? \_\_\_\_\_

If "yes," then please state the name of the organization, the date and provide an explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Provide the names, addresses, telephone numbers and e-mail addresses of five people who are familiar with your work in ARTs. These references may not include employees, clients (except for agencies), members of your firm or members of your family. You must include at least one current AAAA or AAARTA Fellow. You may also include one judge or justice (optional). We will send questionnaires to your references and ask that they be returned directly to the AAARTA Membership Chair. At least four questionnaires, including the AAAA or AAARTA Fellow, must be returned for your application to be complete.

(1) \_\_\_\_\_ (AAAA member)

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(2) \_\_\_\_\_ (Judge or Justice - Optional)

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(3) \_\_\_\_\_

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(4) \_\_\_\_\_

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(5) \_\_\_\_\_

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TERMS AND CONDITIONS AND  
RELEASE OF LIABILITY

I declare under penalty of perjury that the statements in this application for membership are true, accurate and complete.

I authorize any bar association, court, lawyer disciplinary organization or law enforcement agency to disclose matters pertaining to me to the American Academy of Adoption Attorneys and the American Academy of Assisted Reproductive Technology Attorneys in connection with the investigation of my application for membership.

I hereby release, discharge and exonerate the American Academy of Adoption Attorneys, and the American Academy of Assisted Reproductive Technology Attorneys, as well as their officers, directors, members, fellows, agents and representatives (collectively AAAA and AAARTA), and any and all persons or agencies furnishing information in connection with this application, from any and all liability of every nature and kind arising out of the furnishing of such information, whether communicated orally or in writing. I further waive any claims which may arise with respect to such information or its disclosure. I hereby indemnify and hold harmless AAAA and AAARTA from any and all liability arising from or in any way related to its investigation, processing and decision making with regard to any membership application I make, have made, or will make in the future to the American Academy of Adoption Attorneys or the American Academy of Assisted Reproductive Technology Attorneys, including this application.

I understand and agree that membership in the American Academy of Assisted Reproductive Technology Attorneys, a specialty division of the American Academy of Adoption Attorneys is by invitation only and that applying for membership does not necessarily mean that the Board of Trustees will extend an invitation to me. I understand and agree that invitations for membership are within the sole discretion of the Board of Trustees, and that its decision is final.

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Date

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Applicant's Signature

AUTHORIZATION FOR RELEASE OF INFORMATION

\_\_\_\_\_  
FIRST MIDDLE LAST NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

To all bar associations, lawyer regulatory entities, lawyers, law enforcement agencies, courts, court administrators, clerks of court, judges, government administrators, licensed adoption agencies, ARTS agencies, ARTS professionals, social workers, medical clinics and facilities, and any other individuals who have knowledge of information pertinent to my application for membership to the American Academy of Assisted Reproductive Technology Attorneys (“AAARTA”), a specialty division of the American Academy of Adoption Attorneys (“AAAA”).

I, \_\_\_\_\_, the undersigned, am making application for membership to AAARTA, and in doing so, authorize and request the release of information and records to AAARTA and AAAA, and the attorney members of AAARTA or AAAA assigned to conduct the due diligence on my application. This information will be used for the purpose of determining my eligibility and qualification for membership.

This Authorization shall be valid for a period of one year after my execution of same. Please be aware that I completely waive whatever right I may have to obtain any information you provide to AAARTA and AAAA pertaining to my background, and suitability for membership. A copy of this Authorization shall be considered as effective as the original.

Applicant’s signature: \_\_\_\_\_

Sworn to and signed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ , by \_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_ as identification and who did execute before me the foregoing Authorization for Release of Information.

(Signature of Notary) \_\_\_\_\_  
NOTARY PUBLIC