



Individual Membership Application

Categories for individual membership in DRI:

- Defense Attorney—\$320 USD/year
- In-House Counsel—\$320 USD/year (as defined below*)

National Foundation for Judicial Excellence (NFJE) Contribution—\$35 USD/year

Male Female Name _____

Title _____

Firm _____

Address _____

City _____ State/Province _____

Zip/Post Code _____ Country _____

Telephone _____ Fax _____

Email _____

Primary area(s) of practice _____

DRI encourages you to join committees to greatly enhance the value of your membership. Just check the boxes (no limit) on the Join a Committee form, last page.

Number of attorneys in your firm 1-2 3-10 11-20 21-50 51-99 100+

OPTIONAL	<i>DRI is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which of the following may best describe them:</i>	<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> LGBT	<input type="checkbox"/> Other _____
		Date of birth _____ MM/DD/YY			

Referred by _____
Name of referring DRI Member attorney (if applicable)

I devote a substantial portion of my professional time to the representation of business, insurance companies or their insureds, associations or governmental entities in civil litigation. I have read the above and hereby make application for individual membership.

I authorize DRI to send me announcements via mail, facsimile and phone about its programs, services and all other offerings that may be of interest to me or my colleagues. I also consent to receipt of notices from DRI in electronic form, including email and commercial electronic messages. I understand I have the right to withdraw my consent at any time.

Signature _____

Date _____

All applications must be signed and dated.

* In-house counsel is defined as a licensed attorney who is employed exclusively by a corporate or other private sector organization, for the purpose of providing legal representation and counsel only to that corporation, its affiliates and subsidiaries.

** See reverse side for NFJE description and state disclosure information.

*** See reverse side for Auto Pay Terms and Conditions.

A subscription to *For The Defense* is included in the annual dues for ALL price categories.
Please note: Individual membership is not transferable. If you have any questions, contact Customer Service at 312.795.1101.

First time admitted to the Bar in _____
state/province in month/day/year

bar number _____

I am a member of a state, local or national defense organization.

Yes No

Name of organization _____

I am an armed services veteran.

AMOUNT DUE

Membership \$ _____

NFJE Contribution** \$ _____

DRI Foundation \$ _____

Total Due \$

Please remit payment to: DRI
72225 Eagle Way Chicago, IL
60678-7252
P: 312.795.1101 | F: 312.795.0747
membership@dri.org | dri.org

PAYMENT METHOD

- My check for \$ _____ (USD) is enclosed.
- Please bill me. (Your membership will be inactive until DRI receives payment.)
- Please charge my credit card. (Provide card information below.)
- Enroll me in Dues Auto Pay.***** (You must check this box and sign below to be officially enrolled. By signing, you agree to Terms and Conditions on reverse side. Provide card information below.)

VISA MasterCard American Express

Card #

Exp. Date - CVC

Authorized signature _____