



Corporate Membership Amendment Form

Use this form **ONLY** to amend the corporation's membership by adding or substituting corporate additional members.

Each additional corporate employee may join for \$150. **Substitutions may be made at no cost one time annually.**

Each corporate member will receive subscriptions to For The Defense and In-House Defense Quarterly magazines.

Corporation or Company Name _____

Address _____

City _____ State/Province _____ Zip/Post Code _____ Country _____

Telephone _____ Fax _____ Email _____

SUBSTITUTIONS

— Corporate Additional Name _____ Email _____

Male Female Title/position (required) _____

Substituting for _____
Corporate Additional Member to be deleted

If an attorney, first time admitted to the Bar in _____ state/province in _____ month/day/year bar number _____.

- In-house counsel (as defined below*)
 Claims executive (as defined below**) I am an armed services veteran.

OPTIONAL	<i>DRI is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which one 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			

— Corporate Additional Name _____ Email _____

Male Female Title/position (required) _____

Substituting for _____
Corporate Additional Member to be deleted

If an attorney, first time admitted to the Bar in _____ state/province in _____ month/day/year bar number _____.

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		Date of birth _____ MM/DD/YY			

* 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.

** Any member of DRI employed as a claims professional by a corporation or insurance company, who spends a substantial portion of his or her professional time hiring or supervising outside counsel in the representation of business, insurance companies or their insureds, associations or governmental entities in civil litigation, or those claims executives who directly or indirectly manage other professionals who do so, will be entitled to free attendance at any DRI program, excluding the Annual Meeting.

DRI Corporate Membership Amendment Form, *continued*

ADDITIONS

— Corporate Additional Name _____ Email _____

Male Female Title/position (required) _____

If an attorney, first time admitted to the Bar in _____ in _____
state/province month/day/year bar number

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		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> LGBT	<input type="checkbox"/> Other _____
		Date of birth _____ <small>MM/DD/YY</small>			

— Corporate Additional Name _____ Email _____

Male Female Title/position (required) _____

If an attorney, first time admitted to the Bar in _____ in _____
state/province month/day/year bar number

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OPTIONAL	<i>DRI is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which one 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 _____ <small>MM/DD/YY</small>			

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

I hereby request the foregoing amendments be made to this corporate 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. I understand I have the right to withdraw my consent at any time.




Signature _____ Date _____ *All applications must be signed and dated.*
Corporate billing contact

DUES

Number of additional corporate employees _____ × \$150 = \$ _____

Total \$ _____

PAYMENT METHOD

- My check for \$_____ (USD) is enclosed.
- Please bill me. (*Your additions will be inactive until DRI receives payment.*)
- Please charge my  VISA  MasterCard  American Express.

Card # Exp. Date -

Signature as it appears on card _____

Please remit payment to:

DRI

72225 Eagle Way | Chicago, IL 60678-7252

P: 312.795.1101 | F: 312.795.0747

E: membership@dri.org | dri.org

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