



International (Outside North America) Law Firm Membership Application

- 2-4 members—\$285 USD/year + \$200 each
(example: 4 members = \$285 + \$600 = \$885, or \$885/4 = \$221.25 each)
- 5 members—\$750 USD/year (\$150 each)
- 6-9 members—\$850 USD/year + \$100 for each member over 6
(example: 9 members = \$850 + \$300 = \$1,150, or \$1,150/9 = \$127.77 each)
- 10 or more members—\$1,000 USD/year

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 +1.312.795.1101.

Law Firm Name _____

Address _____

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

Telephone _____ Fax _____ Email _____

List the individuals in your firm applying for membership. The first name listed will served as the Firm Billing Contact.

1. Male Female

Name _____ Title _____

Telephone _____ Fax _____ Email _____

Primary area(s) of practice _____

First time qualified for the Bar in _____ in _____
jurisdiction month/day/year bar number if applicable

2. Male Female

Name _____ Title _____

Telephone _____ Fax _____ Email _____

Primary area(s) of practice _____

First time qualified for the Bar in _____ in _____
jurisdiction month/day/year bar number if applicable

3. Male Female

Name _____ Title _____

Telephone _____ Fax _____ Email _____

Primary area(s) of practice _____

First time qualified for the Bar in _____ in _____
jurisdiction month/day/year bar number if applicable

Application continued on other side.

DRI International Law Firm Membership Application, *continued*

4. Male Female

Name _____ Title _____

Telephone _____ Fax _____ Email _____

Primary area(s) of practice _____

First time qualified for the Bar in _____ in _____ bar number if applicable
jurisdiction month/day/year

5. Male Female

Name _____ Title _____

Telephone _____ Fax _____ Email _____

Primary area(s) of practice _____

First time qualified for the Bar in _____ in _____ bar number if applicable
jurisdiction month/day/year

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. I understand I have the right to withdraw my consent at any time.

Signature _____ Date _____ *All applications must be signed and dated.*
Firm Billing Contact

DUES

		Number of additional	Total Due
<input type="checkbox"/> 2-4 members	\$ 285 USD/first member + \$200 for each additional	\$285 + (____ × \$200) =	\$ ____
<input type="checkbox"/> 5 members	\$ 750 USD	N/A	\$ 750
<input type="checkbox"/> 6-9 members	\$ 850 USD/first six members + \$100 for each additional	\$850 + (____ × \$100) =	\$ ____
<input type="checkbox"/> 10 or more members	\$1,000 USD	N/A	\$ 1,000

PAYMENT METHOD

My cheque for \$ _____ (USD) is enclosed.

Please bill me. (*Your membership will be inactive until DRI receives payment.*)

Please charge my  VISA  MasterCard  American Express.

Card # Exp. Date - CVC

Signature as it appears on card _____

Please remit payment to:

DRI
72225 Eagle Way
Chicago, IL 60678-7252 USA
P: +1.312.795.1101 | F: +1.312.795.0747
E: membership@dri.org | dri.org

Use following page to list additional corporate employee applicants.

Please list Firm Name _____

— Male Female

Name _____ Title _____

Telephone _____ Fax _____ Email _____

Primary area(s) of practice _____

First time qualified for the Bar in _____ in _____
jurisdiction month/day/year bar number if applicable

— Male Female

Name _____ Title _____

Telephone _____ Fax _____ Email _____

Primary area(s) of practice _____

First time qualified for the Bar in _____ in _____
jurisdiction month/day/year bar number if applicable

— Male Female

Name _____ Title _____

Telephone _____ Fax _____ Email _____

Primary area(s) of practice _____

First time qualified for the Bar in _____ in _____
jurisdiction month/day/year bar number if applicable

— Male Female

Name _____ Title _____

Telephone _____ Fax _____ Email _____

Primary area(s) of practice _____

First time qualified for the Bar in _____ in _____
jurisdiction month/day/year bar number if applicable

— Male Female

Name _____ Title _____

Telephone _____ Fax _____ Email _____

Primary area(s) of practice _____

First time qualified for the Bar in _____ in _____
jurisdiction month/day/year bar number if applicable