



Law Student Membership Application

Law Student members receive complimentary registration to attend all DRI seminars. A subscription to *For The Defense* is included in the annual dues.

Male Female

Name _____

School _____

Address _____

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

Telephone _____ Fax _____ Email _____

Permanent Mailing Address _____

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

Telephone _____

Expected graduated date _____ **Please note:** *Law student memberships expire six months after graduation.*
month/day/year

I am a member of a student organization. Yes No Name of organization _____

Future primary area of practice (if known) _____

OPTIONAL	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:	<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 _____ month/day/year			

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

I am currently registered as a full time or evening student pursuing a J.D. degree at the school identified in this application. 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.

Please note: *Individual membership is **not transferable**. If you have any questions, contact Customer Service at 312.795.1101.*

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

- My check for \$20 (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
P: 312.795.1101 | F: 312.795.0747
E: membership@dri.org | www.dri.org