dri™

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 _____ (month/day/year) **Please note:** *Law student memberships expire six months after graduation.*

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:

◯ African American ◯ Asian American ◯ Hispanic ◯ Native American
◯ Caucasian ◯ Multi-Racial ◯ LGBT ◯ 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 and commercial electronic messages. 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 VISA ◯ MasterCard 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