

Corporate Membership Application

Annual dues for corporate membership in DRI are \$500 USD for up to FOUR individuals (attorneys and non-attorneys). Each additional corporate employee may join for \$150. Corporate members may take advantage of the many benefits that come with an individual membership. **Corporate membership does not apply to law firms.**

Each corporate member listed on the application will receive subscriptions to For The Defense and In-House Defense Quarterly magazines. All **first-time** corporate members listed on the initial corporate membership application will receive a **FREE** certificate to attend a DRI seminar, excluding the Annual Meeting.

Corporation or Company Name _____

List type of product(s) manufactured or describe services provided

Address _____

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

Telephone _____ Fax _____ Email _____

List the first four individuals applying for your corporate membership.

1. Corporate Additional Name/

Corporate Billing Contact _____ Email _____

Male Female

Title/position (required) _____

If an attorney, first time admitted to the Bar in _____ in _____

state/province month/day/year bar number

In-house counsel (as defined below*)

OPTIONAL	<p>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:</p>	<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"/> Other _____
		Date of birth _____ <div style="text-align: right; font-size: small;">month/day/year</div>		

2. 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"/> Native American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____
		Date of birth _____ <div style="text-align: right; font-size: small;">month/day/year</div>		

* 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.

DRI Corporate Membership Application, *continued*

3. 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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		Date of birth _____ <small>month/day/year</small>		

4. Corporate Additional Name _____ Email _____
 Male Female

Title/position (*required*) _____

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		Date of birth _____ <small>month/day/year</small>		

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

I hereby make application for corporate membership.




Signature _____ Date _____
Corporate billing contact

All applications must be signed and dated.

DUES

Corporate Membership (includes up to four corporate employees) \$ 500
 Number of additional corporate employees, excluding the first four _____ × \$150 = \$ _____
Total \$ _____

PAYMENT METHOD

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

Card #

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 Exp. Date

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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

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Use following page to list additional corporate employee applicants.

Please list

Corporation or Company Name _____

— 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"/> Native American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____
		Date of birth _____ month/day/year		

— 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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		Date of birth _____ month/day/year		

— Corporate Additional Name _____ Email _____

Male Female

Title/position (required) _____

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