

# 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.

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 Substituting for \_\_\_\_\_  
Corporate Additional Member to be deleted

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\*)

<b>OPTIONAL</b>	<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"/> Other _____
		Date of birth _____ <small>month/day/year</small>		

— Corporate Additional Name \_\_\_\_\_ Email \_\_\_\_\_

Male  Female Substituting for \_\_\_\_\_  
Corporate Additional Member to be deleted

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 _____ <small>month/day/year</small>		

\* 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 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

In-house counsel (as defined below\*)

<b>OPTIONAL</b>	<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"/> 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

In-house counsel (as defined below\*)

<b>OPTIONAL</b>	<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"/> Other _____
		Date of birth _____ month/day/year		

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

*I hereby request the forgoing amendments be made to this corporate membership.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Corporate billing contact

*All applications must be signed and dated.*

**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](mailto:membership@dri.org) | [www.dri.org](http://www.dri.org)

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