



# International (Outside North America) Law Firm Membership Application

- 2-4 members—First member \$320 USD/year + \$250 each additional member  
(example: 4 members = \$320 + \$750 = \$1,070, or \$1,070/4 = \$267.50 each)
- 5 members—\$1,000 USD/year (\$200 each)
- 6-9 members—\$1,200 USD/year + \$150 for each member over 6 members  
(example: 9 members = \$1,200 + \$450 = \$1,650, or \$1,650/9 = \$183.33 each)
- 10 or more members—\$1,500 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 serve 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

The Firm Billing Contact must review conditions on the next page and sign.

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

Please check the box below if you agree:

I agree that DRI and DRI members may use my contact information to send me electronic marketing communications, including promotional electronic mail concerning DRI seminars, webinars, publications, and surveys. Information about DRI's privacy practices is available at <https://www.dri.org/privacy-policy>. I know I can withdraw my consent at any time by calling DRI Customer Service at (312) 795-1101, by emailing [privacy@dri.org](mailto:privacy@dri.org), or by clicking on the unsubscribe link provided at the bottom of DRI's electronic marketing communications. I also know that, with respect to electronic mail generated from DRI's e-communities, I can adjust my preferences under "Settings" to stop receiving such electronic mail.

3.  Male  Female

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Primary area(s) of practice \_\_\_\_\_

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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 \_\_\_\_\_ jurisdiction in \_\_\_\_\_ month/day/year bar number if applicable \_\_\_\_\_

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

**This portion must be completed by the Firm Billing Contact:**

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 under the firm discount program..

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Signature \_\_\_\_\_ Date \_\_\_\_\_ All applications must be signed and dated.  
Firm Billing Contact

**DUES**

		Number of additional	Total Due
<input type="checkbox"/> 2-4 members	\$ 320 USD/first member + \$250 for each additional	\$ 320 + ( ____ × \$250) =	\$ ____
<input type="checkbox"/> 5 members	\$1,000 USD	N/A	\$ 1,000
<input type="checkbox"/> 6-9 members	\$1,200 USD/first six members + \$150 for each additional	\$1,200 + ( ____ × \$150) =	\$ ____
<input type="checkbox"/> 10 or more members	\$1,500 USD	N/A	\$ 1,500

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

Please list Firm Name \_\_\_\_\_

—  Male  Female

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Primary area(s) of practice \_\_\_\_\_

First time qualified for the Bar in \_\_\_\_\_ in \_\_\_\_\_  
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Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Primary area(s) of practice \_\_\_\_\_

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Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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