



Corporate Membership Amendment

Referred by: _____
Name of DRI member attorney (if applicable)

Referring
committee: _____
Name of DRI committee (if applicable)

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 one time annually.**

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 _____
Phone _____	Email _____	

SUBSTITUTIONS

Corporate Additional Name _____		
Title/position (required) _____	Email _____	
Substituting for _____ Corporate Additional Member to be deleted		
If an attorney, first time admitted to the Bar in:		
_____	in _____	_____
state/province	month/day/year	bar number
<input type="checkbox"/> In-house counsel (as defined below*) <input type="checkbox"/> Claims executive (as defined below**)		
OPTIONAL <i>DRI is committed to advancing diversity, equity and inclusion in its membership and leadership. Accordingly, applicants are invited to indicate which of the following may best describe them:</i>	MM/YY of birth _____	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Asian American <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> I am an armed service veteran	

Corporate Additional Name _____		
Title/position (required) _____	Email _____	
Substituting for _____ Corporate Additional Member to be deleted		
If an attorney, first time admitted to the Bar in:		
_____	in _____	_____
state/province	month/day/year	bar number
<input type="checkbox"/> In-house counsel (as defined below*) <input type="checkbox"/> Claims executive (as defined below**)		
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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> I am an armed service veteran	

* 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.

** Any member of DRI employed as a claims professional by a corporation or insurance company, who spends a substantial portion of his or her professional time hiring or supervising outside counsel in the representation of business, insurance companies or their insureds, associations or governmental entities in civil litigation, or those claims executives who directly or indirectly manage other professionals who do so, will be entitled to free attendance at any DRI program, excluding the Annual Meeting.

DRI Corporate Membership Amendment Form, *continued*

ADDITIONS

Corporate Additional Name _____

Title/position (required) _____ Email _____

If an attorney, first time admitted to the Bar in:_____ in _____
state/province month/day/year bar number In-house counsel (as defined below*) Claims executive (as defined below**)**OPTIONAL** DRI is committed to advancing diversity, equity and inclusion in its membership and leadership. Accordingly, applicants are invited to indicate which of the following may best describe them:

MM/YY of birth _____

 Male Female Prefer not to say I am an armed service veteran African American Hispanic
 Caucasian Multi-Racial
 Asian American LGBTQIA+
 Native American Other: _____

Corporate Additional Name _____

Title/position (required) _____ Email _____

If an attorney, first time admitted to the Bar in:_____ in _____
state/province month/day/year bar number In-house counsel (as defined below*) Claims executive (as defined below**)**OPTIONAL** DRI is committed to advancing diversity, equity and inclusion in its membership and leadership. Accordingly, applicants are invited to indicate which of the following may best describe them:

MM/YY of birth _____

 Male Female Prefer not to say I am an armed service veteran African American Hispanic
 Caucasian Multi-Racial
 Asian American LGBTQIA+
 Native American Other: _____*I hereby request the foregoing amendments be made to this corporate 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.*Signature _____ Date _____ All applications must be signed and dated.
Corporate billing contact**Dues**

Corporate Membership (includes up to four corporate employees) \$500

Number of additional corporate employees: _____ x \$150 = \$ _____
(excluding the first four)**Total Due** \$ _____**Please remit payment to:**DRI 72225 Eagle Way
Chicago, IL 60678-7252
P: 312.795.1101 | F: 312.795.0747
membership@dri.org | dri.org**Payment Method** My check for \$ (USD) is enclosed. Please bill me. (Your membership will be inactive until DRI receives payment.) Please charge my credit card. (Provide card information.) VISA MasterCard American ExpressCard # Exp. Date - Name on Card _____CVC Authorized Signature _____

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** Any member of DRI employed as a claims professional by a corporation or insurance company, who spends a substantial portion of his or her professional time hiring or supervising outside counsel in the representation of business, insurance companies or their insureds, associations or governmental entities in civil litigation, or those claims executives who directly or indirectly manage other professionals who do so, will be entitled to free attendance at any DRI program, excluding the Annual Meeting.