

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 _____ <small>Corporate Additional Member to be deleted</small>					
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**) <input type="checkbox"/> Government Entity (as defined below**)					
OPTIONAL	<small>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:</small>				
				MM/YY of birth _____	
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	
				<input type="checkbox"/> I am an armed service veteran	
		<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: _____			

Corporate Additional Name _____					
Title/position (required) _____		Email _____			
Substituting for _____ <small>Corporate Additional Member to be deleted</small>					
If an attorney, first time admitted to the Bar in:					
_____ in _____		_____			
state/province		month/day/year	bar number		
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* In-house counsel is defined as a licensed attorney who is employed exclusively by a corporate, government entity, 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.

*** Licensed attorneys employed by a government entity at a local, state, or national level.

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	
<input type="checkbox"/> In-house counsel (as defined below*) <input type="checkbox"/> Claims executive (as defined below**) <input type="checkbox"/> Government Entity (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 _____		<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 _____	
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**) <input type="checkbox"/> Government Entity (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		

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) <div style="text-align: right; margin-top: 5px;"> Total Due \$ _____ </div>	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
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Payment Method <input type="checkbox"/> My check for \$ (USD) is enclosed. <input type="checkbox"/> Please bill me. (Your membership will be inactive until DRI receives payment.) <input type="checkbox"/> Please charge my credit card. (Provide card information.)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Card # <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> Exp. Date <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> Name on Card _____ CVC <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> Authorized Signature _____
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