



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*)
- Claims executive (as defined below**) I am an armed services veteran.

OPTIONAL	<i>DRI is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which of the following may best describe them:</i>	<input type="radio"/> African American	<input type="radio"/> Asian American	<input type="radio"/> Hispanic	<input type="radio"/> Native American
		<input type="radio"/> Caucasian	<input type="radio"/> Multi-Racial	<input type="radio"/> LGBT	<input type="radio"/> Other _____
		Date of birth _____ MM/DD/YY			

2. Corporate Additional Name _____ Email _____

Male Female Title/position (required) _____

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		Date of birth _____ MM/DD/YY			

* 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 Application, *continued*

3. Corporate Additional Name _____ Email _____

Male Female Title/position (required) _____

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African American Asian American Hispanic Native American
 Caucasian Multi-Racial LGBT Other _____

Date of birth _____
MM/DD/YY

4. Corporate Additional Name _____ Email _____

Male Female Title/position (required) _____

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

I hereby make application for 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, 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 # Exp. Date - CVC

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 | 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) _____

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