



Corporate

Membership Application

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

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

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 _____

Phone _____ Email _____

List the first four individuals applying for your corporate membership.

1. Corporate Additional Name / Corporate Billing Contact _____

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

☐ Caucasian

☐ Asian American

☐ Native American

☐ Hispanic

☐ Multi-Racial

☐ LGBTQIA+

☐ Other: _____

2. Corporate Additional Name _____

Title/position (required) _____ Email _____

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☐ LGBTQIA+

☐ Other: _____

* 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 _____

Title/position (*required*) _____ Email _____

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4. Corporate Additional Name _____

Title/position (*required*) _____ Email _____

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☐ Other: _____

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: _____ 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 Express

Card #

Exp. Date - Name on Card _____

CVC Authorized Signature _____

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** Please refer to the next page for more information on NFJE and the DRI Foundation.

DRI Corporate Membership Application, *continued*

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Corporate Additional Name _____

Title/position (*required*) _____

Email _____

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Please photocopy this page as needed.

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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.