



Law Student Membership Application

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

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

*** Law Student members receive complimentary registration to attend all DRI seminars. A subscription to *For The Defense* is included in the annual dues.**

<p>Name _____</p> <p>School _____</p> <p>Address _____</p> <p>_____</p> <p>City _____ State/Province _____</p> <p>Zip/Post Code _____ Country _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p> <p>Work Email _____</p> <p>Personal Email _____</p> <p><i>Cell phone numbers will not be shared or used for marketing purposes, unless you opt in.</i></p>	<p>Expected graduation date:</p> <p>_____</p> <p>month/day/year</p> <p>Please note: Law student memberships expire six months after graduation.</p> <p>Future primary area(s) of practice (if known):</p> <p>_____</p> <p><i>DRI encourages you to join committees to greatly enhance the value of your membership. Check the boxes (no limit) on the Join a Committee form on the back.</i></p> <p>Please note: Individual membership is not transferable. If you have any questions, contact Customer Service at 312.795.1101.</p>
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<p>I am a member of a student organization.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name of the organization: _____</p>
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<p>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:</p>	<p>MM/YY of birth _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> I am an armed service veteran</p>	<p><input type="checkbox"/> African American <input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial</p> <p><input type="checkbox"/> Asian American <input type="checkbox"/> LGBTQIA+</p> <p><input type="checkbox"/> Native American <input type="checkbox"/> Other: _____</p>
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I am currently registered as a full time or evening student pursuing a J.D. degree at the school identified in this application. I have read the above and hereby make application for individual 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.

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

** Learn more about auto pay at [AutoPay Terms and Conditions](#) or [dri.org/autopay](#).

<p>Please remit payment to:</p> <p>DRI 72225 Eagle Way Chicago, IL 60678-7252</p> <p>P: 312.795.1101 F: 312.795.0747</p> <p>membership@dri.org dri.org</p>

<p>Payment Method</p> <p><input type="checkbox"/> My check for \$ (USD) is enclosed.</p> <p><input type="checkbox"/> Please bill me. (Your membership will be inactive until DRI receives payment.)</p> <p><input type="checkbox"/> Please charge my credit card. (Provide card information below.)</p> <p><input type="checkbox"/> Enroll me in Dues Auto Pay.** (You must check this box and sign below to be officially enrolled. By signing, you agree to Terms and Conditions noted on the left side of this page. Provide card information below.)</p>

<p>Amount Due: \$20</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Card # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Exp. Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Name on Card _____</p> <p>CVC <input type="text"/> <input type="text"/> <input type="text"/> Authorized Signature _____</p>
