LS-2024

Association of Lawyers Defending Business

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.**

Name _____

School _____

Address _____

_____

City _____ State/Province _____

Zip/Post Code _____ Country _____

Work Phone _____

Cell Phone _____

Work Email _____

Personal Email _____

Cell phone numbers will not be shared or used for marketing purposes, unless you opt in.

Expected graduation date:

_____
month/day/year

Please note: *Law student memberships expire six months after graduation.*

Future primary area(s) of practice (if known):

_____

_____

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.

Please note: *Individual membership is **not transferable**. If you have any questions, contact Customer Service at 312.795.1101.*

I am a member of a student organization. ☐ Yes ☐ No Name of the organization: _____

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 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.

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 below.)*
☐ **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.)*

Amount Due: $20

☐ VISA ☐ MasterCard ☐ American Express

Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp. Date ☐☐-☐☐ Name on Card _____

CVC ☐☐☐☐ Authorized Signature _____