



# Corporate Membership Amendment Form

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 \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## SUBSTITUTIONS

— Corporate Additional Name \_\_\_\_\_ Email \_\_\_\_\_

Male  Female Title/position (required) \_\_\_\_\_

Substituting for \_\_\_\_\_  
Corporate Additional Member to be deleted

If an attorney, first time admitted to the Bar in \_\_\_\_\_ state/province in \_\_\_\_\_ month/day/year bar number \_\_\_\_\_.

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

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

— Corporate Additional Name \_\_\_\_\_ Email \_\_\_\_\_

Male  Female Title/position (required) \_\_\_\_\_

Substituting for \_\_\_\_\_  
Corporate Additional Member to be deleted

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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 Amendment Form, *continued*

**ADDITIONS**

— Corporate Additional Name \_\_\_\_\_ Email \_\_\_\_\_

Male  Female Title/position (required) \_\_\_\_\_

If an attorney, first time admitted to the Bar in \_\_\_\_\_ in \_\_\_\_\_  
state/province month/day/year bar number

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 Claims executive (as defined below\*\*)

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		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> LGBT	<input type="checkbox"/> Other _____
		Date of birth _____ MM/DD/YY			

— Corporate Additional Name \_\_\_\_\_ Email \_\_\_\_\_

Male  Female Title/position (required) \_\_\_\_\_

If an attorney, first time admitted to the Bar in \_\_\_\_\_ in \_\_\_\_\_  
state/province month/day/year bar number

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		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> LGBT	<input type="checkbox"/> Other _____
		Date of birth _____ MM/DD/YY			

Referred by \_\_\_\_\_  
Name of referring DRI Member attorney (if applicable)

*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.*

Signature \_\_\_\_\_ Date \_\_\_\_\_ *All applications must be signed and dated.*  
Corporate billing contact

**DUES**

Number of additional corporate employees \_\_\_\_\_ × \$150 = \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**PAYMENT METHOD**

- My check for \$\_\_\_\_\_ (USD) is enclosed.
- Please bill me. (*Your additions will be inactive until DRI receives payment.*)
- Please charge my   VISA   MasterCard   American Express.

Card #             Exp. Date  -

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](mailto:membership@dri.org) | [dri.org](http://dri.org)

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