

# Media Law Resource Center

## DEFENSE COUNSEL SECTION ASSOCIATE MEMBERSHIP FORM

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person at Firm: \_\_\_\_\_  
(Please Print)

Direct Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Membership Fee

(Minimum amount is \$1,250)

\$ \_\_\_\_\_ for the current calendar year is enclosed.

Mail to:

Media Law Resource Center  
520 Eighth Avenue, North Tower 20<sup>th</sup> Floor  
New York, NY 10018