DEFENSE COUNSEL SECTION
ASSOCIATE MEMBERSHIP FORM

Firm: ____________________________________________

Address: ____________________________________________

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Telephone: ______________________ Fax: ______________________

Contact Person at Firm: ____________________________________________
(Please Print)

Direct Telephone: ______________________ Fax: ______________________

e-mail address: ____________________________________________

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Signature: ______________________

____________________________
Date: ______________________

Associate Membership Dues: $1,250

($500 for solo practitioners or firms of three lawyers or less)

$ ______ for the current calendar year is enclosed.

Mail to:

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520 Eighth Avenue, North Tower 20th Floor
New York, NY 10018
List below any individuals that should be added to your firm/organization’s roster in the MLRC database and given website access (attorneys only – no support staff). Please check the boxes to the right of each name listed to have them added to the appropriate email lists. **You must print or type all information clearly.**

**Firm/Organization: ___________________________**

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Return this form to:

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