

## **DEFENSE LAW FIRM AFFILIATE PARTNER**

## **APPLICATION FORM**

## **PART A | GENERAL INFORMATION**

1	Name of Law Firm		Date of Applicatio	Date of Application	
2	Main Corporat	e Address			
	Mailing Address		Street Address (if differen	nt from mailing)	
	City, State, Zip+4		City, State, Zip+4		
3	Main Phone Number and Fax Number		Website Address	Website Address	
	Please include all di	<b>F</b> igits necessary for dialing from the United S	tates		
4				Designated Representative to the MPL Association <sup>1</sup>	
	Name		Name	Name	
	Title		Title	Title	
	Address (if different from corporate)		Address (if different from	n corporate)	
	Phone	Email	Phone	Email	
	Name	rator/Office Manager			
	Title				
	Address (if different from corporate)				
	Phone	Email			
5	basis, including admir listed here will not red	esentative to the MPL Association is the individual nistrative mailings (i.e. dues renewal notices, mem ceive mailings from the MPL Association unless re	er surveys, etc.) and other important men juested or approved by the designated rep	nber program notices or alerts. All other contacts	
	Name		Name		
	Title		 Title		
	Address (if different from corporate)		Address (if different from corporate)		
	Phone	Email	Phone	Email	
	MPL Association Newsbriefs (emailed, weekly)		MPL Associatoin N	MPL Associatoin Newsbriefs (emailed, weekly)	
	Research Notes (emailed)		Research Notes (emailed)		
	Advocacy Updates (emailed)		Advocacy Updates	Advocacy Updates (emailed)	

6	The firm is licensed to practice in the following Countries/States/Provinces				
7	Business Relationships with MPL Association Member Organizations (NOTE: a continuous business relationship with MPL Association Regular or Industry Associate Member is required of all Defense Law Firm applicants)  Name of MPL Association Member  Length of Service (# of years)				
	ART B   AUTHENTICATION	nuary 1 through December 31. Annual membership dues are			
\$1,	500.00 per law firm. New members may pro-rate	their dues based on the number of full months left in the year dues with this application or you may request an invoice.			
Ple	ease Check Your Preference				
	Our check is included with this application	Please send us an invoice			
Sign	nature of Individual Completing Application	Date			
Nar	ne (Print)	Title			
 Pho	one	 Email			