



DEFENSE LAW FIRM AFFILIATE PARTNER

APPLICATION FORM

PART A | GENERAL INFORMATION

1 Name of Law Firm

Date of Application

2 Main Corporate Address

Mailing Address

Street Address (if different from mailing)

City, State, Zip+4

City, State, Zip+4

3 Main Phone Number and Fax Number

P _____ F _____

Please include all digits necessary for dialing from the United States

Website Address

4 Managing Attorney

Name

Name

Title

Title

Address (if different from corporate)

Address (if different from corporate)

Phone _____ Email _____

Phone _____ Email _____

Firm Administrator/Office Manager

Name

Title

Address (if different from corporate)

Phone _____ Email _____

¹ The designated representative to the MPL Association is the individual who will receive a copy of all member mailings/emails distributed on a one-per-member basis, including administrative mailings (i.e. dues renewal notices, member surveys, etc.) and other important member program notices or alerts. All other contacts listed here will not receive mailings from the MPL Association unless requested or approved by the designated representative.

5 Individual Defense Attorneys that You Wish to Add to Our Mailing Lists (Please check appropriate mailing list below)

Name

Name

Title

Title

Address (if different from corporate)

Address (if different from corporate)

Phone _____ Email _____

Phone _____ Email _____

- Inside Medical Liability Magazine (quarterly)
- MPL Association Newsbriefs (emailed, weekly)
- Research Notes (emailed)
- Advocacy Updates (emailed)

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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 a 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)
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PART B | AUTHENTICATION

The MPL Association membership year runs from January 1 through December 31. Annual membership dues are **\$1,200.00 per law firm**. New members may pro-rate their dues based on the number of full months left in the calendar year (or \$100 per month left in the calendar year in which you are applying.) You may include a check for your first year dues with this application or you may request an invoice.

Please Check Your Preference

Our check is included with this application

Please send us an invoice

Signature of Individual Completing Application

Date

Name (Print)

Title

Phone

Email