



**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 Dues: \$1,250

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

\$ _____ for the current calendar year is enclosed.

Mail to:

Media Law Resource Center
c/o Elizabeth Zimmermann
101 Edmund Street
Lynbrook, NY 11563

or E-Mail to:

LZimmermann@medialaw.org

List below any individuals that should be added to your firm/organization's roster in the MLRC database and given website access. 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:

Name: _____ Email MediaLawDaily

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