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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