

**Illinois Association of Defense Trial Counsel
Membership Application**

Membership in the Illinois Association of Defense Trial Counsel is open to Individuals, Corporations, Educators, Law Students. For a list of qualifications, visit www.iadtc.org or phone the IDC office at 800-232-0169. Applicants shall be admitted to membership upon a majority vote of the Board of Directors.

I am (We are) applying for membership as a(an) **(Select Only One)**:

Individual Attorney, in practice:

- Up to 3 years (\$100)
- 4-5 years (\$150)
- 6-9 years (\$225)
- 10 or more years (\$250)

Student (\$20)

Governmental Attorney, in practice:

- Up to 3 years (\$75)
- 4-5 years (\$100)
- 6-9 years (\$160)
- 10 or more years (\$190)

Educator (\$75)

Corporation, with:

- 1-2 Affiliates (\$250)
- 3-5 Affiliates (\$500)
- 6-10 Affiliates (\$750)
- 11-15 Affiliates (\$1,000)
- 16-20 Affiliates (\$1,500)

Individual Applicant Information - Attorneys & Governmental Attorneys

Prefix: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Designation: _____

Firm or Government Agency: _____

Address: _____ City, State, Zip Code: _____

County: _____ Firm or Agency Line: _____ Direct Line: _____ Fax Line: _____

Email: _____ Website: _____ Area of Practice: _____

of Attorneys in Firm: _____ IDC Sponsor Name & Firm: _____

Law School: _____ Admitted to the Bar in the State of: _____ Year: _____ ARDC #: _____

Home Address: _____ City, State, Zip Code: _____

Home Phone: _____ Alternate Email Address: _____

Corporation Applicant Information

Corporate Name: _____ Address: _____

City, State, Zip Code: _____ Phone: _____ Fax: _____

Website: _____ Business or Service Provided: _____

On a separate sheet of paper, please list all individuals that are to be affiliated with this Corporate Membership. Be sure to include Name, Address (if different than the corporate address), Phone, Fax and Email Address for all affiliates.

Educator & Law Students Applicant Information

Prefix: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Designation: _____

Law School: _____ Anticipated Graduation Date: _____

Address: _____ City, State, Zip Code: _____

Phone: _____ Email Address: _____

Biographical Information

IDC is committed to the principle of diversity in its membership and leadership. Accordingly applicants are invited to indicate which one of the following may best describe them:

Race: _____ Gender: _____ Birth Date: _____

Free DRI Membership

In addition to joining the IDC, you can take advantage of the DRI Free Membership Promotion! As a new member of IDC and if you've never been a member of DRI, you qualify for a 1 year free DRI Membership. If you are interested please mark the box below and we will copy this application and send it to DRI. Also, if you have been admitted to the bar 5 years or less, you will also qualify to receive a Young Lawyer Certificate which allows you one complimentary admission to a DRI Seminar of your choice.

Yes, I am interested in the Free DRI Membership!

Membership Commitment

By providing a fax number and email address you are agreeing to receive faxes and emails from the association that may be of a commercial nature.

I certify that:

As an **Individual Attorney**, I am actively engaged in the practice of law, that at the present time a substantial portion of my litigation practice in personal injury and similar matters is devoted to the defense.

As a **Corporate Member**, we will support the purpose and mission of the Association.

I am currently a **Professor** or **Associate Professor** of law at an ABA accredited law school.

I am currently a **Student** enrolled in an ABA accredited law school.

Signed: _____ Date: _____

Membership Investment

Membership Dues: _____

Voluntary Political Action Committee Donation

Up to 3 years in practice: \$15

4-5 years in practice: \$25

6-9 years in practice: \$55

10 or more years in practice: \$75

A copy of the Defense Trial Counsel PAC report filed with the State Board of Elections is (or will be) available on the Board's official website (www.elections.il.gov) or for purchase from the State Board of Elections, Springfield, Illinois. _____

Total Amount Due: _____

Please Note: IDC dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. IDC estimates that 5% of your dues are not deductible because of IDC's lobbying activities on behalf of its members.

Payment Information (To maintain security of your credit card information, we ask that you do not fax or email your credit card number.)

Enclosed is check number: _____ In the amount of: _____

Please charge Credit Card #: _____ In the amount of: _____ Exp Date: _____

Card Security Code: _____ Name as it appears on the Card: _____

Billing Address: _____ City, State, Zip Code: _____

Thank you for your interest in joining the Illinois Association of Defense Trial Counsel.
Your application will be presented to the Board of Directors for approval
at their next regular meeting. Until that time, you have any questions, please contact the IDC office at:

Illinois Association of Defense Trial Counsel
PO Box 588, Rochester IL 62563-0588
800-232-0169, F: 866-230-4415, E: idc@iadtc.org, W: www.iadtc.org