

LAWPACT® MEMBERSHIP APPLICATION

Firm Name: _____ Date: _____

LAWPACT® MEMBERSHIP APPLICATION

Firm Name: _____

Street Address: _____

Mailing Address: _____

Telephone No: _____ Fax No: _____

Managing Partner: _____ E-Mail: (Required) _____

Alternate Member _____ E-Mail: (Required) _____

PROFESSIONAL STAFF:

- A. Partners/Shareholders/Members (Equity/Non-Equity) _____
- B. Non-Partner Attorneys _____
- C. Other Professional Staff _____
- Total Professional Staff _____

ADMINISTRATIVE STAFF:

- D. Computer Personnel (not included above) _____
- E. Para-professional Staff (Technical) _____
- F. Administrative (Secretaries, etc.) _____
- Total Administrative Staff _____

PRACTICE BREAKDOWN:

- A. Business _____ %
- B. Estate Planning and Administration _____ %
- C. Securities _____ %
- D. Litigation _____ %
- E. Real Estate _____ %
- F. Employment and Benefits _____ %
- G. Taxation _____ %
- H. Intellectual Property _____ %
- I. Other _____ %
- J. Other _____ %
- K. Other _____ %
- L. Other _____ %

Total Practice Breakdown _____ 100%

Our firm is a member of the American Bar Association or a member of our local state Bar Association (or international equivalent), maintains professional liability insurance, and is able to participate fully in the Lawpact® global network, including listing in the Directory and reciprocal referrals of work. We agree to abide by the bylaws of LawPact.

Signature/Title

Date

LAWPACT® MEMBERSHIP APPLICATION

Firm Name: _____ Date: _____

Branch Office 1:

Street Address: _____

 Mailing Address: _____

 Telephone No: () _____ Fax No: () _____
 Partner-in-Charge: _____

Branch Office 2:

Street Address: _____

 Mailing Address: _____

 Telephone No: () _____ Fax No: () _____
 Partner-in-Charge: _____

Branch Office 3:

Street Address: _____

 Mailing Address: _____

 Telephone No: () _____ Fax No: () _____
 Partner-in-Charge: _____

FIRM PERSONNEL

Please list all leadership personnel by level in firm.
 Include Firm Administrator, Marketing Director/Coordinator and other key administrative staff.
 (Table will expand as needed – tab function)

NAME	BRANCH OFFICE	FUNCTION*	LEVEL**

SERVICE TO THE PROFESSION

Please list by name and function, any chapter, state or national committee memberships or offices presently or recently held by members of your firm. (Table will expand as needed – tab function)

NAME	COMMITTEE OR GROUP	POSITION	TERM DATES

* FUNCTION is Attorney, Manager, Admin, etc.
 ** LEVEL is Partner or Shareholder, Manager, etc.

LAWPACT® MEMBERSHIP APPLICATION

Firm Name: _____ Date: _____

PROFESSIONAL REFERENCES

1. Firm: _____
Address: _____
City: _____ State/Country: _____
Zip/Postal Code: _____ Telephone: _____

2. Name: _____
Firm: _____
Address: _____
City: _____ State/Country: _____
Zip/Postal Code: _____ Telephone: _____

3. Firm: _____
Address: _____
City: _____ State/Country: _____
Zip/Postal Code: _____ Telephone: _____

Please attach any additional materials or statements you believe would be of interest or assistance to our Board of Directors in its review of your application.