

LAWPACT® MEMBERSHIP APPLICATION

Firm Name: _____ Date: _____

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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

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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

AREAS OF PRACTICE

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

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Please indicate the business activity areas in which your firm has some expertise that could be helpful to other members. Use broad SIC categories, niche descriptions or functional areas. (Table will expand as needed – tab function)

DESCRIPTION OF SPECIALTY	NO. OF CLIENTS
Business/Corporate	
Employment and Labor	
Litigation	
Real Estate	
Competition	
Privatization	
Tax	
M&A	
Private Equity	

GENERAL FIRM QUESTIONS

- 1) BRIEFLY DESCRIBE THE PHILOSOPHY AND MANAGEMENT GOALS OF YOUR FIRM.

- 2) WHAT NEEDS ARE YOU LOOKING FOR LAWPACT® TO MEET (FOR THE FIRM, YOURSELF, YOUR PARTNERS, YOUR STAFF)?

- 3) AS A MEMBER, WHAT DO YOU (AND YOUR FIRM) HOPE TO CONTRIBUTE TO LAWPACT®?

- 4) PLEASE ATTACH COPIES OF YOUR FIRM BROCHURE AND OTHER PROMOTIONAL ITEMS.

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GEOGRAPHICAL TERRITORY

Describe the geographic territory or region in which the firm practices:

Do you want to designate a firm office in another geographic territory to be a member of LawPact?

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.