

APPLICATION FOR STUDENT MEMBERSHIP

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Law School Currently Attending: _____

Anticipated Graduation Date: ____/____/____

Undergraduate School: _____

Date of graduation: ____/____/____

Degree Received: _____

Areas of legal interest: *Circle those that apply*

Intellectual Property Litigation Real Estate Law Labor & Employment Litigation
Medical Malpractice Product Liability Professional Liability Trademark Litigation
Corporate & Business Litigation Insurance Litigation Wills & Trusts Environmental Law
Construction Law Family Law International Law

Other: _____

Why do you want to join the MDLA? Please give a brief description of why you would like to be a member of the MDLA.

MDLA Member Sponsor (if any): _____

If accepted to membership, do you agree to abide by the By-Laws of the Association?(yes or no) _____

Signed: _____ Dated: _____

Student membership to the MDLA is free while attending law school.

PLEASE RETURN SIGNED APPLICATION TO:

MASSACHUSETTS DEFENSE LAWYERS ASSOCIATION
276 WASHINGTON STREET, SUITE 308 ~ BOSTON, MASSACHUSETTS 02108
TOLL FREE: 866-915-9851

WWW.MASSDLA.ORG
admin@massdla.org