

APPLICATION FOR STUDENT MEMBERSHIP

Name: _____

Address: _____

Phone: _____ 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: _____

What do you hope to attain from your MassDLA membership? Please give a brief description of why you would like to be a member of the MassDLA.

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
6 LIBERTY SQ PMB 92717 | BOSTON, MA 02109
EXECUTIVEDIRECTOR@MASSDLA.ORG
WWW.MASSDLA.ORG