

MEMBERSHIP APPLICATION LEGAL SERVICE PROVIDERS

COMPANY IN	FORMATION*						
Company Nam							
Street Address							
City:			State:	Zip:			
Company Web	site:		Main Phone:	Main Fax	······································		
	the main company headquart		Wall Fronc.	Wall Lax			
CONTACT INF	FORMATION						
Primary Compa Contact Name			Title:				
Phone:		Fax:	Emai	l:			
Dues Contact I	Name*:		Title:				
Phone:		Fax:	Emai				
*The primary company contact will receive all RLC correspondence and information to pass on to relevant individuals within the company. The dues contact is the individual who should receive invoices for dues payment.							
DUES INFORMATION							
Dues for non-retail organizations is set at \$5,000 annually.							
Dues payments to 501(c)(6) membership associations, such as RLC, are deductible as an ordinary business expense for federal income tax purposes. Check with your company's tax advisor for further details.							
MEMBERSHIP	PAYMENT						
Checks: Please submit checks payable to "Retail Litigation Center" (indicate in memo section: MEMB) to: Retail Litigation Center • 1700 N. Moore Street, Suite 2250 • Arlington, VA 22209							
Credit Card:	Please charge my:	□ VISA	☐ MasterCard	\square AMEX	TOTAL: \$		
Card #:			Exp.Date:		CVC:		
Name on Card	:		Company Name:				
Billing Address	y:						
Signature:			Title:				
I hereby certify that all the information contained on this application is complete and correct to the best of my knowledge.							
Print Name: Signature:					Date:		
DISCIPLINES							
Check the disciplines that best describe your firm's expertise:							
☐ Commercial		☐ Appellate Lit	igation				
☐ Employment	& Labor	□ Tax & Finan	ce				
☐ IP & Techno	logy	□ Other					

DISCIPLINE LEADS



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Please list executives within your firm who have particular expertise in the disciplines checked above. The RLC may contact these individuals directly concerning amicus activity.

Discipline:			
Contact Name:		Title:	
Phone:	Fax:	Email:	
Discipline:			
Contact Name:		Title:	
Phone:	Fax:	Email:	
Discipline:			
Contact Name:		Title:	
Phone:	Fax:	Email:	
Discipline:			
Contact Name:		Title:	
Phone:	Fax:	Email:	
Discipline:			
Contact Name:		Title:	
Phone:	Fax:	Email:	
Discipline:			
Contact Name:		Title:	
Phone:	Fax:	Email:	