

APPLICATION FOR MEMBERSHIP

TERM: OCTOBER 1 – SEPTEMBER 30

MEMBERSHIP DEPARTMENT: (617) 226-1530

Date: _____

PLEASE TELL US ABOUT YOURSELF: Are you a Law Firm? Corporation?

Where did you hear about the Library? _____

Reason for joining the Library? _____

Practice Areas? _____

COMPLETE THE FOLLOWING:

FIRM/CORPORATION NAME: _____

CONTACT: _____

BUSINESS ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

SELECT A MEMBERSHIP PLAN (please refer to Membership Guidelines):

Check Type of Membership:

Total Number of Attorneys in Firm/Corporation: _____

TWELVE OR MORE ATTORNEYS IN FIRM/CORPORATION:

FULL MEMBERSHIP (All attorneys are members)

LIMITED MEMBERSHIP

_____ 75% of attorneys in firm

(Only available to firms with 50 attorneys or more.)

LESS THAN TWELVE ATTORNEYS IN FIRM:

FULL MEMBERSHIP (All attorneys are members)

LESS THAN 12 MEMBERSHIP

_____ number of attorneys joining

Please list all members on page 2 of this application. If you do not have enough room, please attach additional sheets.

CHOOSE PAYMENT OPTIONS (check one)

Complete and print form then remit by mail with your check

Charge to my credit card: Visa MC AMEX Amount: _____

Credit card number: _____ Expiration date: _____

Cardholder's Name (Please Print): _____ Security Code* _____

Signature of Cardholder: _____

* Visa and MasterCard: The security number is that last 3-digits of the number shown in the signature space on the back of your card. American Express: The security number is the 4-digit number above and to the right of your credit card number on the front of your card.

Print out this application and mail it to: Social Law Library, John Adams Courthouse, One Pemberton Sq., Suite 4100, Boston, MA 02108-1792 or FAX it to: (617) 523- 2458.

If you have any questions, please call (617) 226-1530.

LIST MEMBERS:

Please enter a username, password and e-mail address for each person listed so he/she can access the online databases.

NAME: _____ E-MAIL: _____

USERNAME: _____ PASSWORD (at least 6 characters): _____

MEMBER CATEGORY*: PROPRIETOR SUBSCRIBER PARALEGAL CLERK-12 MONTHS

NAME: _____ E-MAIL: _____

USERNAME: _____ PASSWORD (at least 6 characters): _____

MEMBER CATEGORY*: PROPRIETOR SUBSCRIBER PARALEGAL CLERK-12 MONTHS

NAME: _____ E-MAIL: _____

USERNAME: _____ PASSWORD (at least 6 characters): _____

MEMBER CATEGORY*: PROPRIETOR SUBSCRIBER PARALEGAL CLERK-12 MONTHS

NAME: _____ E-MAIL: _____

USERNAME: _____ PASSWORD (at least 6 characters): _____

MEMBER CATEGORY*: PROPRIETOR SUBSCRIBER PARALEGAL CLERK-12 MONTHS

NAME: _____ E-MAIL: _____

USERNAME: _____ PASSWORD (at least 6 characters): _____

MEMBER CATEGORY*: PROPRIETOR SUBSCRIBER PARALEGAL CLERK-12 MONTHS

NAME: _____ E-MAIL: _____

USERNAME: _____ PASSWORD (at least 6 characters): _____

MEMBER CATEGORY*: PROPRIETOR SUBSCRIBER PARALEGAL CLERK-12 MONTHS

NAME: _____ E-MAIL: _____

USERNAME: _____ PASSWORD (at least 6 characters): _____

MEMBER CATEGORY*: PROPRIETOR SUBSCRIBER PARALEGAL CLERK-12 MONTHS

* Note: in order for the firm to have borrowing privileges, there must be at least one Proprietor on the list. Please add a one-time \$50 initiation fee for each Proprietor specified.