

# USLAW CLIENT MEMBERSHIP APPLICATION



**NEW  
IN 2010**

**USLAW NETWORK Client Membership** is in the name of a Corporation/Company. Membership includes (1) one primary client contact and up to (9) nine additional contacts. All contacts receive full access to all Client Membership Benefits.

There is no fee for USLAW Client Membership. Membership is renewable annually (at the beginning of each calendar year) and contacts may be changed at any time.

**Client Members are NEVER OBLIGATED to hire USLAW Member Firms.**

## OPT-IN CLIENT MEMBERSHIP BENEFITS

Please check Yes or No for the following benefits if you are interested in receiving.

**BENEFIT:** Access USLAW NETWORK's Client Lawsuit Notification System, which alerts you of lawsuits filed against your company in most jurisdictions around the country. . . . .  **YES**  **NO**

**BENEFIT:** Designation of (1) One Primary Contact from each USLAW Member Firm who will be responsible for better understanding your company's business, general scope of legal needs and how you prefer to handle matters when they arise. . . . .  **YES**  **NO**

## COMPANY NAME AS IT SHOULD APPEAR FOR CLIENT MEMBERSHIP

## COMPANY WEB SITE

## PRIMARY CLIENT CONTACT

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
MAILING ADDRESS		CITY	STATE ZIP
DIRECT PHONE	FAX	EMAIL	

## SECONDARY CLIENT CONTACT #1

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
MAILING ADDRESS		CITY	STATE ZIP
DIRECT PHONE	FAX	EMAIL	

## SECONDARY CLIENT CONTACT #2

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
MAILING ADDRESS		CITY	STATE ZIP
DIRECT PHONE	FAX	EMAIL	

## SECONDARY CLIENT CONTACT #3

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
MAILING ADDRESS		CITY	STATE ZIP
DIRECT PHONE	FAX	EMAIL	<b>SEE REVERSE</b>

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## SECONDARY CLIENT CONTACT #4

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
MAILING ADDRESS		CITY	STATE ZIP
DIRECT PHONE	FAX	EMAIL	

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## SECONDARY CLIENT CONTACT #5

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
MAILING ADDRESS		CITY	STATE ZIP
DIRECT PHONE	FAX	EMAIL	

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## SECONDARY CLIENT CONTACT #6

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
MAILING ADDRESS		CITY	STATE ZIP
DIRECT PHONE	FAX	EMAIL	

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## SECONDARY CLIENT CONTACT #7

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
MAILING ADDRESS		CITY	STATE ZIP
DIRECT PHONE	FAX	EMAIL	

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## SECONDARY CLIENT CONTACT #8

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
MAILING ADDRESS		CITY	STATE ZIP
DIRECT PHONE	FAX	EMAIL	

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## SECONDARY CLIENT CONTACT #9

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
MAILING ADDRESS		CITY	STATE ZIP
DIRECT PHONE	FAX	EMAIL	

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*MAIL* completed form to USLAW NETWORK, 5905 NW 54th Circle, Coral Springs, FL 33067 or *FAX* to (800) 231-9110.  
For more information, please contact Roger M. Yaffe, USLAW Executive Director, at (800) 231-9110 or [roger@uslaw.org](mailto:roger@uslaw.org).