



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name (as you would like it to appear on your membership materials) _____ Practice Area _____

Firm Name and Last Name _____

Address _____ City, State & Zip Code _____

Office Phone Number _____ Email Address _____

Year of Bar Admission _____ Bar Number _____

Website Address (to link your bio/website to our site) _____

I certify that the information on this form is correct, and I have had no ethical violations within the past ten years. I also understand that this is a yearly membership that will automatically renew each year unless cancelled.

METHOD OF PAYMENT

- Charter Membership — \$475/year**
Includes a customized 11" x 14" genuine rosewood plaque
- Featured Membership — \$575/year**
Includes Charter Benefits, plus additional advertising
- Distinguished Membership — \$775/year**
Includes Featured Benefits, plus a personalized crystal statue



11" Personalized Crystal Statue

11" x 14" Personalized Plaque

Full membership benefits found at www.lawyersofdistinction.com/membership-types

Please mail your completed application to:
LAWYERS OF DISTINCTION
4700 Millenia Blvd Suite 175, Orlando, FL 32839

Select one:

- Check (payable to: Lawyers of Distinction)
- Mastercard
- American Express
- Discover
- Visa

Name (as it appears on card) _____

Credit Card Billing Address _____

CVC Number (3 digits back / 4 front AMEX) _____

Expiration Date _____

Applicant Signature _____