



2275 Research Blvd., Suite 250  
Rockville, MD 20850

Phone: 301.947.9000  
Fax: 301.947.9090  
www.piaa.us

## Defense Law Firm Affiliate Partner Application Form

1. Name of Law Firm \_\_\_\_\_ Date of Application \_\_\_\_\_

2. Main Corporate Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Physical Location Street Address, if different

\_\_\_\_\_  
Mailing City, State, Zip+4

\_\_\_\_\_  
Physical City, State, Zip+4

\_\_\_\_\_  
Telephone Number\*

\_\_\_\_\_  
Fax Number\*

\_\_\_\_\_  
Website Address

\*please include all digits necessary for dialing from the United States

3. Please Provide the following contact names, if available:

Managing Attorney:

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Address (if different from corporate)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

Dept. Head – Medical  
Liability Defense:

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Address (if different from corporate)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

Firm Administrator (Office Manager):

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Address (if different from corporate)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

Designated Representative to PIAA<sup>1</sup>:

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Address (if different from corporate)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

Please list individual defense attorneys that you wish to add to our mailing lists:

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Address (if different from corporate)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

**Please check appropriate mailing list for above individual:**

- Inside Medical Liability* Magazine (quarterly)
- PIAA Newsbriefs* (emailed, weekly)
- Research Notes (emailed)
- Advocacy Updates (emailed)

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Address (if different from corporate)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

**Please check appropriate mailing list for above individual:**

- Inside Medical Liability* Magazine (quarterly)
- PIAA Newsbriefs* (emailed, weekly)
- Research Notes (emailed)
- Advocacy Updates (emailed)

4. The firm is licensed to practice in the following Countries/States/Provinces:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> The designated representative to PIAA is the individual who will receive a copy of all member mailings/emails distributed on a one-per-member basis, including administrative mailings (i.e. dues renewal notices, member surveys, etc.) and other important member program notices or alerts. All other contacts listed here will not receive mailings from PIAA unless requested or approved by the designated representative.

5. List Business Relationships with PIAA Member Organizations:  
 (Note: A continuous business relationship with a PIAA Regular or Associate Member is required of all Defense Law Firm applicants and members.)

<u>Name of PIAA Member</u>	<u>Length of Service (# of years)</u>
_____	_____
_____	_____

6. The PIAA membership year runs from January 1 through December 31. Annual membership dues are **\$1,200.00 per law firm**. New members may pro-rate their dues based on the number of full months left in the calendar year (or \$100 per month left in the calendar year in which you are applying.) You may include a check for your first year dues with this application or you may request that we send you an invoice.

Please check your preference below:

- Our check is included with this application.
- Please send us an invoice.
- We would like to play by credit card (please fill out below)

Credit Card Type:  AMEX       Visa       Mastercard

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Full Name on Card: \_\_\_\_\_

## AUTHENTICATION

\_\_\_\_\_  
 Signature of Individual Completing Application

\_\_\_\_\_  
 Name and Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Email