



Membership Application

Name of Firm: _____

Date: _____

Ownership: Partnership Limited Partnership Corporation Other

Primary Office Address (for additional offices, please include the information on a separate sheet):

Telephone: _____

Fax: _____

E-mail: _____

Website: _____

Managing Partner: _____ E-mail: _____

LEGUS Contact Person: _____ E-mail: _____

Firm Administrator: _____ E-mail: _____

MIS Director: _____ E-mail: _____

Controller: _____ E-mail: _____

Date Firm Began: _____ Number of Lawyers Currently: _____

General Firm Description: (One Paragraph)

Department and/or practice areas: (please list names of chairs)

Significant Firm Specialties: (one paragraph)

What would your firm contribute to the success of LEGUS? (one paragraph)

The Membership Fee to join the LEGUS is as follows:

\$2,000 (US) Application Fee Discounted (First year only)	\$ 1,000 (US)
Annual Dues*	\$ _____ (US)
Total Fee Due	\$ _____ (US)

* Dues include a base fee of \$1,350(US) plus \$90(US) for each firm lawyer up to 50 lawyers.

By signing this application, your firm agrees to subscribe to and abide by the attached membership policies and the ethical code of LEGUS. Please also sign the enclosed General Membership Policies and return both documents to Sandra J. Boyer, President.

Managing Partner for the Partners/Shareholders

LEGUS Use Only

Date applied: _____
Date approved: _____

Send to: **LEGUS**

Sandra J. Boyer, President
3135 S. State Suite, Suite 350 I
Ann Arbor, MI USA 48108
PH: 734-929-6948 FX: 734-929-6952
Email: sandra.boyer@leguslaw.com