



PROFESSIONAL
LIABILITY DEFENSE
FEDERATION

Membership Application Form

First Name _____ Last Name _____ Suffix _____

Employer _____

Job Title/Description _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Website _____

Email _____ Alternate Email _____

Professional liability practice focus _____

Year Law Degree Earned: _____

Jurisdictions of admission and bar number(s) (for CLE reporting): _____

Committee Assignment Preferences (Mark All That Apply)

<input type="checkbox"/>	D&O / Trustee E&O	<input type="checkbox"/>	Healthcare Claims
<input type="checkbox"/>	EPL Claims	<input type="checkbox"/>	Miscellaneous PL & Cyber Claims
<input type="checkbox"/>	Financial Professionals	<input type="checkbox"/>	Real Estate Design/Agents
<input type="checkbox"/>	Insurance Agent Claims	<input type="checkbox"/>	Young Professionals
<input type="checkbox"/>	Lawyer Claims		

Member Category

<input type="checkbox"/>	Attorney, 10 or Fewer Years in Practice	\$300
<input type="checkbox"/>	Attorney, 11 or More Years in Practice	\$300
<input type="checkbox"/>	Claims Professional or Risk Manager	Complimentary
<input type="checkbox"/>	Insurance Producer	Complimentary
<input type="checkbox"/>	Industry Partners - Companies who provide services to the defense community	\$300

The Professional Liability Defense Federation is a General, Not for Profit Tax Exempt 501(c)6 Organization. PLDF Dues are not deductible as charitable contributions for U.S. federal income tax purposes but may be deductible as a business expense. For your records, our Federal tax number is 27-0850021. Please remit payment by logging into www.PLDF.org or via U.S. mail at Professional Liability Defense Federation, PO Box 588, Rochester IL 62563-0588. Please contact us at 309-222-8947 or admin@pldf.org with any questions.

Payment Information

My check is enclosed for _____ Check Number _____

Please charge my credit card Visa MasterCard American Express

**Do not email credit
card information**

Credit Card Number _____ Exp. _____ Card Security Code _____

Name as it appears on the card _____

Credit Card Billing Address _____