

**M E M B E R S H I P   A P P L I C A T I O N**  
**&**  
**P A Y R O L L   D E D U C T I O N**  
**E L E C T I O N   F O R M**

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VENDOR CODE  
UNIT 4 MCODE F

I, \_\_\_\_\_, hereby make application to the Baystate Legal Defense Service <sup>SM</sup> and elect to have the membership fee automatically deducted from my paycheck. I understand and agree that the membership fee for this Service shall be a bi-weekly deduction amount of \$7.70.

I understand a conflict may arise preventing Merrick, Louison & Costello, LLP from representing me. Merrick, Louison & Costello, LLP shall have sole determination whether there is a conflict. In the event such conflict exists in the opinion of the firm, Merrick, Louison & Costello, LLP reserves the right to select outside counsel to represent the member.

I understand and agree that my membership in the Baystate Legal Defense Service <sup>SM</sup> will automatically terminate on my failure or refusal to pay my membership fee to the Legal Defense Service in the manner provided herein.

Name: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

Email: \_\_\_\_\_

Facility: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**\*\*\*\*\*Please return this form to Merrick, Louison & Costello, LLP, 67 Batterymarch Street, Boston, MA 02110, ATTN: David E. Condon.\*\*\*\*\***

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