

# LOUISON, COSTELLO, CONDON & PFAFF, LLP

## MEMBERSHIP APPLICATION

I, \_\_\_\_\_, hereby make application to the BayState Legal Defense Service <sup>SM</sup> and enclose herewith the sum of \$225.00 for my first membership term.

I understand and agree that the membership fee in said Service shall be the amount of \$225.00 per year, payable in advance.

I understand a conflict may arise preventing Louison, Costello, Condon & Pfaff, LLP from representing me. Louison, Costello, Condon & Pfaff, LLP shall have sole determination whether there is a conflict. In the event such conflict exists in its opinion, Louison, Costello, Condon & Pfaff, 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 approval membership fee to the Legal Defense Service in the manner provided herein.

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

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

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

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

Department: \_\_\_\_\_

### ***Payment Preference:***

Please charge this credit card  VISA  MASTERCARD

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorization Number \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_

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

**BAYSTATELEGALDEFENSESERVICE**