

**THE ASSOCIATION OF LAW FIRM DIVERSITY PROFESSIONALS
MEMBERSHIP APPLICATION**

The mission of ALFDP is to act as a catalyst for the advancement of diversity in the legal profession through our collective knowledge, vision, expertise and advocacy in the area of law firm diversity.

Date: _____

Prefix (e.g., Hon., Ms., Mrs.,): _____

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Suffix (e.g., Jr., III): _____

Title: _____ **Years in Diversity Position:** _____

Law Firm Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Web site:** _____

Email: _____

Membership Eligibility: Any attorney and other professional who currently oversees and/or administers the diversity and inclusion program of his/her law firm and who spends 51% or more (25% or more for firms with 249 attorneys or less) of his/her time doing so.

Only the U.S. offices of a law firm will be considered for the purpose of membership eligibility. The Board of Directors of the Association will review each application for membership, and retains the right to approve or deny applications in its full discretion.

In addition, each member is expected to serve on at least one of the Association's five committees, described on page 3 of this application.

Please support your membership eligibility by responding to the following questions:

What percentage of your time do you spend addressing diversity matters for your firm? _____

Do you hold a position within your firm that must be filled when vacated? Yes No

Are you compensated from the administrative payroll of your firm? Yes No

Do you have a billable hour requirement? Yes No

If so, what is the requirement? _____

Do you receive credit for the time you spend on diversity and inclusion initiatives?

Yes No

Please attach a job description, and provide summary details about your duties. For example, please identify whether you sit on your firm's diversity committee; manage the diversity budget; prepare and/or deliver diversity reports to your firm's leadership; participate in diversity-focused recruiting, professional development and client relations/business development efforts; provide content for diversity marketing materials and websites; coordinate diversity survey responses; manage diversity sponsorships; etc. Please describe the extent of your responsibilities in all areas identified and note the title of all attorneys and/or legal professionals to whom you report. Also note if you report to any other professional responsible for diversity initiatives at your firm. _____

Membership Dues: If your application is approved, the Association will invoice your firm for the initial annual membership dues, which are \$1500 and cover the individual voting and non-voting members of your firm. Subsequent annual dues are \$500, which cover the voting member, and an additional \$250 for each non-voting member.

Please tell us how you learned about our organization _____

On the next page, please indicate which Committee(s) you are interested in joining.

COMMITTEE DESCRIPTIONS

Please choose at least one committee below:

- Conference Committee.** Develop the program and assist in organizing the ALFDP conferences/annual meeting.
- Membership Committee:** The membership committee is responsible for organizing and executing programs to enlist new members, including assigning mentors.
- Survey Committee.** Serve as the liaison for external surveys.
- Training and Development Committee.** Assist in selecting topics for and organizing member education programs.
- Web site/Information Exchange Committee.** Help maintain our website and create a library and develop ideas and methods for continued education, best practices and professional development.

Please forward your completed application to:
Genhi Givings Bailey, Director of Diversity & Inclusion
DLA Piper LLC (US)
203 North LaSalle Street, Suite 1900
Chicago, IL 60601-1293
genhi.bailey@dlapiper.com