

**LOUISON, COSTELLO, CONDON & PFAFF, LLP**

**M E M B E R S H I P   A P P L I C A T I O N**

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 \$200.00 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** \_\_\_\_\_

**LOUISON, COSTELLO, CONDON & PFAFF, LLP**



**B A Y S T A T E   L E G A L   D E F E N S E   S E R V I C E**