

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 SM and enclose herewith the sum of \$300.00 for my first membership term.

I understand and agree that the membership fee in said Service shall be the amount of \$300.00 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 SM 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