

I hereby certify that the applicant law firm specializes in Intellectual Property Law according to one of the following criteria:

- At least 50% of the firm's attorneys are registered to practice before the United States Patent and Trademark Office or before their home country's Patent and Trademark Office
- Although 50% of the firm's attorneys are not registered to practice before their Patent and Trademark Office, the firm devotes a majority of its practice to Intellectual Property Law

FOR **FIRM MEMBERSHIP RENEWAL:**

FOR **INDIVIDUAL MEMBERSHIP RENEWAL:**

Number of Attorneys	Firm Dues
<input type="checkbox"/> 1 to 3 Attorneys	\$300.00 USD
<input type="checkbox"/> 4 to 7 Attorneys	\$600.00 USD
<input type="checkbox"/> 8 to 15 Attorneys	\$1,500.00 USD
<input type="checkbox"/> 16+ Attorneys	\$2,500.00 USD

Type	Firm Dues
<input type="checkbox"/> Emeritus/Honorary	\$50.00 USD
<input type="checkbox"/> Academic	\$50.00 USD

### CONTACT INFORMATION

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

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### PAYMENT INFORMATION

**Check** in the amount of \$ \_\_\_\_\_  
Please make the check payable to *Association of Intellectual Property Firms* and mail to AIPF Executive Office.

**Wire** in the amount of \$ \_\_\_\_\_  
Please make the wire transfer to the following account: Bank of America, Account #**381028572226**, BIC# **021200339**, Swift Code# **BOFAUS3N**)

**Credit Card** in the amount of \$ \_\_\_\_\_ by VISA MASTERCARD AMERICAN EXPRESS

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  Check here if same as address above

(Address cont.) \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_