



CONNECT ESQUIRE APPLICATION FORM

Objective:

Connect Esquire aims to provide a platform that connects the legal community and supports personal and professional growth of our members.

Membership Cost: \$2000.00/year or \$200/month - locked into 1 year membership

Personal Information:

Name: _____

Firm/Company: _____

Firm/ Company Location: _____

City: _____

State: _____

Zip/Postal Code: _____

Email: _____

Phone #: _____

Locations interested in: Miami _____ Fort Lauderdale _____ Boca Raton _____ Zoom _____

(Attorneys) Practice Area Spot You Want to Fill: _____



ACH / Credit Card Payment Authorization

You authorize Connect Esquire to make charges to your Credit Card or BankAccount for membership fees including: yearly membership fee, monthly membership fees, luncheons and quarterly conferences. **Monthly membership fees and luncheons will be charged on the 15th of every month. No refunds** will be given for any yearly/monthly membership fees, luncheons and quarterly conferences under any circumstances.

I _____ authorize Connect Esquire, Inc. to charge my Credit Card or Bank Account.

Location: Miami _____ Fort Lauderdale _____ Boca Raton _____ Zoom _____

Please circle one: Yearly Membership Fee or Monthly Membership Fee

Prices

Luncheons: \$40.00 (subject to change) (NOT applicable to Zoom chapter)

Yearly membership: \$2000.00

Monthly: \$200.00 (I hereby authorize my card to be run for \$200.00/month on an annual basis regardless of if I choose to leave the chapter before the end of my membership or get removed from the chapter).

Quarterly Conferences: \$100.00

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information - Visa - MasterCard - AMEX - Discover

Cardholder's Name - _____

Credit Card Number - _____ - _____ - _____ - _____

Expiration Date - ____ / ____

Security Code (CVV) - _____

Bank (ACH) Information - Checking Account - Savings Account

Name on Account - _____

Bank Name - _____

Account Number - _____

Routing Number - _____

Individual's Signature _____ **Date** _____

FILMING AND PHOTOGRAPHY AUTHORIZATION

By attending a Connect Esquire event or program, you are entering an area where photography, audio, and video recording may occur.

By agreeing to these terms, you consent to interview(s), photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for promotional purposes, advertising, print advertising, inclusion on websites, social media, radio, news, webcasts or any other purpose by Connect Esquire and its affiliates and representatives. Images, photos, and/or videos may be used to highlight the event and promote similar Connect Esquire events in the future.

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You have been fully informed of your consent, waiver of liability, and release before entering the event.

If you do not wish to appear in any images and/or videos captured, please advise one of our team members so we can take the appropriate steps to ensure you are not included.

I hereby consent to and authorize the use and reproduction by Connect Esquire of any and all photographs and/or video that have been taken of me for any purpose, without compensation to me or my assignees. All images and digital files are owned by Connect Esquire, who reserves the right to use the photographs and/or video as outlined above.

I hereby confirm that I am 18 years of age or older and have read and understood the terms of this waiver.

Signature

Date

Printed Name