

Program Application

Please Fax Completed Application to 866-859-8126 OR email to office@pilmma.org

Program for Owner or Managing Partner only

Name:	Law Firm:	/ Firm:			
Address:					
City: State:					
Phone:	Cell Phone:				
Fax:	Email:	Email:			
Office Manager:	Email:				
Marketing Director:	Email:				
Top 3 Areas of Practice: 1	2	3			
Pleaseanswerthefollowing questionshonestlyan 1. What percentage, if any, of your Marketing E	, ,				
TV: Yellow Pages:	Newspaper:	Internet:			
Direct Mail: Billboards:	Client Newsletter:	Radio:			
Client Surveys: Magazines:	Holiday & Birthday Cards:	: Other:			
2. How many lawyers do you have? Staff:					
3. How much did you spend on marketing you	ur practice last year?				
4. Were your annual fee revenues for last yea	ar? [] Less than 1 Million [] 1 – 3 Million [] 3 – 5 Million [] 5 – 10 Million [] Over 10 Million	[] 1 – 3 Million [] 3 – 5 Million [] 5 – 10 Million			
5. Do you have someone in-house coordinatir	ng your marketing? Yes - No				
6. Do you have a Strategic Marketing Plan and	d Budget? If so, what is	s it?			

7. Do you refer cases out, collect referral fees, or take referrals from other firms? Yes $\,$ - $\,$ No

Bankruptcy:	Estate Planning:	Social Security Disability:
Criminal:	Immigration:	Veterans Benefits:
Domestic:	Mass Torts:	Workers Compensation:
Employment:	Personal Injury:	Other:
9. Do you have a metho If so, please explain		es gives you the biggest bang for your buck?
10. What 3 marketing pr 1.	actices have you done that have been	the most successful over the past 12 months?
2.		
3.		
11. What 3 managemen months	t practices that you have implemente	d have been the most successful over the past 12
1.		
2.		
3.		
12. What 3 things have l	peen the most frustrating for you in m	arketing your law firm in the last 12 months?
1.		
2.		
3.		
13. What 3 things have I	peen the most frustrating for you in m	nanaging your law firm in the last12 months?
1.		
2.		
3.		

8. What percentage of your practice is concentrated in the following?

14. Your schedule:			
Number of hours you work on average per week:	hours		
Number of hours you'd <u>prefer</u> to work on average per week:		hours	
Percentage of work time you rank as productive:	_ %		
Number of hours per week you work "on" your business:	h	iours	
Number of weeks per year taken on vacation: 2016:	2017:	2018:	2019:
			2020:
I understand that this is an application for PILMMA Strategic Approval will be based on a decision by President/Founder Ko notified of their decision at their earliest convenience and fui them up approval of membership into PILMMA's Strategic A	en Hardisor rther paym	n. I acknowledge ent information	e that I will be
Signature:		Date	::
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How did you hear about PILMMA?			
What prompted you to contact us?			