

PILMMA MASTERMIND GROUP APPLICATION

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

Name:		Law Firm:	
Address:			
City:	State:	Postal Code:	Country:
Phone:		Cell Phone:	
Fax:		Email:	
Office Manager:		Email:	
Marketing Director:		Email:	
op 3 Areas of Practice: 1		2	3
		ting Budget do you alloca	
TV: Socia	l Media:	Internet:	Print:
Direct Mail:	Billboards:	Radio:	Client Newsletter:
Client Surveys:	Magazines:	Holiday & Birthday	Cards: Other:
2. How many lawyers do	o you have?	Staff:	
3. How much did you sp	end on marketing	your practice last year?	
4. Were your annual fee	revenues for last y	/ear?	
[] Less than [1 – 3 Million [3 – 5 Million [] 5 – 10 Million []Over 10 Million	n n on		
5. Do you have someon	e in-house coordir	nating your marketing?	Yes No
6. Do you have a Strateç	gic Marketing Plan	and Budget?If	so, what is it?

8. What percentage of your practice is concentrated in the following?				
Auto Accidents:	Workers Comp:	SSDI:		
Medical Malpractice:	Nursing Home Abuse/Negligence:	Premise Liability:		
Product Liability:	Mass Tort (Drug Recall, Class Action):	Other:		
9. Do you have a method of tracking what marketing practices gives you the biggest bang for your buck? If so, please explain.				
months?	s have you done that have been the most suc	ccessful over the past 12		
1. 2.				
3.				
11. What 3 management practine past 12 months?	tices that you have implemented have been	the most successful over		
1.				
2.				
3.				
12. What 3 things have been months?	the most frustrating for you in marketing you	ur law firm in the last 12		
1.				
2.				
3.				
13. What 3 things have been months?	the most frustrating for you in managing you	ur law firm in the last12		
1.				
2.				
3.				

14. Would you mind sharing any of the above with our group?					
15. In what areas of marketing would you like to expand your knowledge and expertise?					
16. In what areas of management would you like to expand your knowledge and expertise?					
17. What do you hope to gain from membership in our MastermindGroup?					
18. 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:hours					
Number of weeks per year taken on vacation: 2022: 2021: 2020: 2019:					
I understand that this is an application for Mastermind Membership and Final Approval will be based on a decision by President/Founder Ken Hardison. I acknowledge that I will be notified of their decision at their earliest convenience and further payment information will be supplied to them up approval of membership into PILMMA's Mastermind Group.					
Non-Disclosure Agreement: I understand that the information discussed about my business and other PILMMA Mastermind Members, must be kept completely confidential. I agree not to disclose confidential information of the other Group Members, directly or indirectly, under any circumstances or by any means, to any third party, without express, written consent obtained in advance. Each Group Member agrees that they will not copy, transmit, reproduce, summarize, quote, or make any commercial or other use whatsoever of the other Members confidential information. Each Group Member agrees to exercise the highest degree of care in safeguarding the confidential information of the other Members against loss, theft, or inadvertent disclosure and agrees generally to take all steps necessary to ensure the maintenance of confidentiality.					
Signature:Date:					
How did you hear about PILMMA?					



PILMMA MASTERMIND AGREEMENT

THIS AGREEMENT is entered into this_	day of	20	_, by
PILMMA LLC, a North Carolina Limited Liability	Company with a	a business addre	ss of
P.O. Box 678, Lenoir, NC 28645, (hereinafter c	alled PILMMA) a	ınd	
a Mastermind	Member (hereina	after called "MM"	').
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RECITALS

WHEREAS PILMMA and the other Mastermind Members desire to share certain ideas, trade secrets, financial information concerning their law firm practices and

WHEREAS certain processes, procedures and systems are shared with the remaining members with the understanding that no other members will share said information to third parties.

NOW THEREFORE in consideration of the foregoing and mutual promises stated below the parties agree as follows:

- 1. The recitals stated above a material part of this agreement are incorporated herein by reference.
- 2. The MM acknowledges that through his or her association with the PILMMA Mastermind group he or she shall have and continue to have access to and will acquire a considerable amount of confidential information, including, but not limited to trade secrets, valuable business and professional information which does not qualify as a trade secret provided by the their fellow Mastermind Members and PILMMA. The MM further recognizes that the provisions of this agreement are reasonably necessary to protect the legitimate business interests of each member of PILMMA's Mastermind Group.
- 3. The parties here to acknowledge that disclosure of any of the aforementioned is confidential information. It is therefore understood and agreed by the MM hereto that, because of the nature of the business it is reasonable and necessary to afford fair protection to the remaining Mastermind Members and PILMMA.
- 4. For the purposes of this agreement, confidential information shall include, without limitation
 - a) Any forms, agreements, or business plans or objectives of the Mastermind Members.
 - b) The business plans or objectives of the Mastermind Members.

- c) Any proprietary financial, management marketing or legal procedures of the Mastermind Members.
- d) Any files, documents or other paper or information concerning the business or financial affairs of the Mastermind Members or their affiliates or subsidiaries.
- e) The systems, methods, procedures, and controls utilized by the Mastermind Members in the performance of their law firm practices.
- 5. Neither the MM nor any employee, agent, or subsidiary, shall at any time, directly or indirectly reveal to any third persons said confidential information described above without the explicit written permission of the Mastermind Member said information was acquired from.
- 6. The Undersigned acknowledges that they fully understand that the purpose of this nondisclosure and confidentiality agreement is to encourage free flow of ideas and sharing of business trade secrets and marketing trade secrets to help said other Mastermind Members grow their practices.
- 7. Mastermind agrees that they will not seek to hire another Mastermind Members employees either as full-time, part-time, independent contractor, new consultant without prior approval from Mastermind Member said employee works for.
- 8. Mastermind agrees to notify PILMMA if they expand into a new market before entering said market.
- 9. Mastermind agrees that they will not solicit PILMMA Mastermind Members to join any other group similar to PILMMA's Mastermind Program as such action is deemed as a tortious interference with PILMMA's business.
- 10. Upon Mastermind terminating membership with PILMMA, Mastermind agrees it will not form directly or indirectly a program that completes with PILMMA for two (2) years from date of termination.

IN WITNESS WHEREOF, the Mastermind hereby executes this agreement on the date shown below.

Mastermind Member Signature
Ву:
Date:



2023 Mastermind Group Fee Agreement

Program and authorize the isa binding contract. I under monthly charge. If choosing	following charge(s). Iu erstand that by selecting of the annual payment of time after my initial 12	nderstand that this is a 1 the monthly payment option, my annual mer 2 month commitment.	mbership will auto-renew each Guarantee - if after the first			
PLATINUM LEVEL \$19,970 Annually* \$1,997 Monthly	ELITE LEVEL \$29,970 Annually* \$2,997 Monthly	RHODIUM LEV \$29,970 Annually \$2,997 Monthly				
*Single Annual pay option (2 months free!) I authorize the above charges on the highlighted payment method below. [] Visa [] MasterCard [] American Express [] Personal Check (SINGLE PAY OPTION ONLY!)						
Name on Card:			Exp. Date:			
Billing Address:			Zipcode:			
Cionatuna		Data				

Payments by check (made payable to PILMMA) MUST be mailed, along with this form, to the following address:

PILMMA, LLC - P.O. Box 678, Lenoir, NC 28645 CreditCard payments may be either faxed or mailed. FAX #866-859-8126

All payments made are NON-refundable with the exception of the \$500 deposit being refunded ONLY if the application for membership is not accepted*. PILMMA reserves the right to cancel the Mastermind Group & Coaching Program at any time. PILMMA reserves the right to accept/reject or terminate participants without explanation at any time without explanation or cause. Applicant acknowledges that no guarantees expressed or implied, concerning specific results to be achieved via participation were relied on in applicant's decision to participate in the program. Participants also acknowledge that advice and information provided via PILMMA is not intended as or to be considered as substitute for legal, accounting or other, similar professional advice or services, and should such advice or services be appropriate, participant is advised to seek such advice or service from a professional. By submission of this application for PILMMA membership, I expressly permit PILMMA to upload my photo from my firm website for publication on the New Members page of PILMMA's monthly magazine, The Insider Journal. © 2023 PILMMA