



National Association of Criminal Defense Lawyers Membership Application

1660 L Street, NW 12th Floor, Washington, DC 20036
Membership Hotline: 202-872-4001 or memberservices@nacdl.org
Join NACDL on our website at www.nacdl.org/joinnow

☐

Yes! Sign me up as a member of NACDL and start my subscription to *The Champion* today!

I qualify for membership in the following category (please check one)

Membership Categories:	Annual Dues:	Membership Categories:	Annual Dues:
<input type="checkbox"/> Regular	\$359	<input type="checkbox"/> Law Student (JD Candidates only)	FREE
<input type="checkbox"/> New Lawyer *	\$219	<input type="checkbox"/> Associate †	\$ 234
<input type="checkbox"/> Public Defender **	\$154	<input type="checkbox"/> International	\$ 224
<input type="checkbox"/> Law Professor	\$234	<input type="checkbox"/> Sustaining	\$ 559
<input type="checkbox"/> Judge	\$234	<input type="checkbox"/> President's Club	\$ 789
<input type="checkbox"/> Military	\$234	<input type="checkbox"/> Life Member ‡	\$ 7,500

* New Lawyer: Members of the bar less than 6 years

** Public Defender: Full-time attorney at **government PD office** or **nonprofit legal services agency**

† Associate: Non-lawyers who assist in the defense of criminal cases; consultants, investigators etc.

‡ Life Member: One-time contribution, or 5 installments over 5 consecutive years.

Prosecutors are not eligible to become NACDL members nor to participate in CLE seminars

Applicant Name: _____ Referred By: _____
Firm Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Date of Birth: _____
Phone: _____ Fax: _____ Email: _____

Are you an attorney? ☐ Yes ☐ No

State Bar(s) Bar number(s) and Admission Year(s) _____

☐ I certify that I meet the stated criteria for the membership category to which I am applying, and that I am a person of integrity and good moral character.

☐ **Attorneys:** I am a member of the bar in good standing and I am not subject to suspension or disbarment in any jurisdiction. I understand that prosecutors are not eligible to be NACDL members.

Signature

Date

Payment Information:

Credit Card #: _____ Expiration Date: _____ CVV Code: _____
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Join Online: www.nacdl.org/joinnow

Return by FAX to: (202) 872-4002 Attn: NACDL Membership
Or Mail with Check Payable to NACDL: 1660 L St. NW, 12th Fl. Washington, DC 20036
Please do NOT send credit card information by email