

Membership Application



- To** promote study and research in the field of criminal defense law and the related arts.
- To** disseminate and advance by lectures, seminars, and publications the knowledge of the law relating to criminal defense practice.
- To** promote the proper administration of criminal justice.
- To** foster, maintain and encourage the integrity, independence and expertise of the defense lawyer in criminal cases.
- To** foster periodic meetings of defense lawyers and to provide a forum for the exchange of information regarding the administration of criminal justice, and thereby
- To** protect individual rights and improve the criminal law, its practices and procedures.

(Please print or type.)

Name: _____

- | | |
|---|---|
| <input type="checkbox"/> 18-B COUNSEL | <input type="checkbox"/> PRIVATE PRACTICE |
| <input type="checkbox"/> CJA COUNSEL | <input type="checkbox"/> PUBLIC DEFENDER |
| <input type="checkbox"/> FEDERAL PRACTICE | <input type="checkbox"/> STATE PRACTICE |
| <input type="checkbox"/> LEGAL AID | |

(check all that apply)

- | | |
|--|---------|
| <input type="checkbox"/> Lifetime Member | \$2,500 |
| <input type="checkbox"/> President's Club | \$500 |
| <input type="checkbox"/> Sustaining Member | \$300 |
| <input type="checkbox"/> Regular Member | \$200 |
| • Income over \$50,000 | |
| • In practice over 5 years | |
| <input type="checkbox"/> Regular Member | \$125 |
| • Income under \$50,000 | |
| • In practice less than 5 years | |
| • Full-Time Public Defender | |
| <input type="checkbox"/> Associate Member | \$175 |
| <input type="checkbox"/> Law Student | \$35 |

Firm Name: _____

Address: _____

City/State/ZIP _____ County _____

Phone: () _____ Fax: () _____

Admission to Bar: State: _____ Year Admitted: _____

E-Mail Address: _____

School: _____

Graduation date: _____

We need your participation. Tell us on which of the following Committees you will serve:

- | | |
|---|--|
| <input type="checkbox"/> AMICUS | COMMUNICATIONS <input type="checkbox"/> |
| <input type="checkbox"/> CAPITAL DEFENSE | FORFEITURE <input type="checkbox"/> |
| <input type="checkbox"/> CONTINUING LEGAL EDUCATION | INDIGENT DEFENSE (18-B) <input type="checkbox"/> |
| | LEGISLATIVE <input type="checkbox"/> |

What issues and activities would you like to see NYSACDL concern itself with?

I certify that I support the purposes of the NYSACDL. I am committed to the fair administration of criminal justice and the defense of individuals accused of crime. I hereby certify that I am not a judicial or prosecutorial officer and that I am actively engaged in the defense of criminal cases.

Enclosed is my payment for membership in NYSACDL:

Signature of applicant

Membership dues can be paid by check, or charged to the American Express, Master Card, Visa or Discover Card.
 Please make your check payable to NYSACDL and send to:
 NYSACDL, 245 Fifth Avenue - 19th Floor, New York, NY 10016 Phone: (212) 532-4434 Fax: (212) 532-4668

Please charge my credit card # _____ Expiration Date _____

Signature of Applicant _____ Date _____