

MEMBERSHIP APPLICATION
2018 New Member/Membership Renewal

- \$75 New Lawyer** - (Member of bar 0-2 yrs)
- \$150 Regular Member** - (Member of bar 3-10 yrs)
- \$200 Regular Member** - (Member of bar 11+ yrs)
- \$150 Associate** - (Paralegals, vendor, experts & investigators)
- \$15 Student**- (Current law student)
- \$600 Presidents Club** - (Free Registration - Summer Seminar)
- \$7,500 Lifetime membership** - (\$7,000 lump sum or \$1,500/then \$1000/yr; no more dues or registration fees for events)

Check membership category above. Complete this form, print and mail it, along with your check, to: ACDLA, PO Box 2488, Clanton, AL 35046 or go to <http://acdla.org> and join online.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Referred by: _____

Declaration of Employment:

I am not employed in any way by a law enforcement agency, a District Attorney or as a full time judge.

Signature: _____

Authorization to Communicate:

I give ACDLA permission to communicate with me via US mail or by electronic format (including email and facsimile) information regarding membership, CLE events and other information related to criminal defense work. Signature _____

Method of Payment:

Check Enclosed in amount of \$_____ (Payable to ACDLA)

***This membership will expire on December 31, 2018**

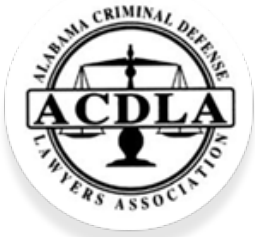
Credit Card Number: _____

Name on Card: _____

Billing Address: _____

Exp. Date: _____ 3-Digit Security Code _____

Signature: _____



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Continued

OPTIONAL LEGISLATIVE PROGRAM CHECKOFF:

Legislative efforts cost money. If you can make a separate donation to ACDLA for its 2018 Lobbying activities, please include this donation with your dues:

_____ *I wish to make an additional donation (above dues) this year to the ACDLA legislative program*

___ \$75 ___ \$100 ___ \$150 ___ \$200 ___ \$250 or more ___ other

IMPORTANT NOTE: These funds WILL NOT be used for political campaigns, only to offset legislative program expense. Please make all checks payable to ACDLA, P.O. Box 2488, Clanton, AL 35046.

Method of Payment:

Check Enclosed in amount of \$_____ (Payable to ACDLA)

***This membership will expire on December 31, 2018**

- VISA
- MasterCard

Credit Card Number: _____
Name on Card: _____
Billing Address: _____
Exp. Date: _____ 3-Digit Security Code _____
Signature: _____

Total to be billed to Card: _____ (Dues and/or Legislative Program Donation)

RETURN THIS FORM WITH PAYMENT TO:

ACDLA
P.O. BOX 2488
Clanton, AL 35046

JOIN ONLINE AT:
<http://acdla.org>