



Membership Application

2010 New Member/Membership Renewal

- \$100 - New Lawyer**
(Member of bar less than 3 yrs)
- \$185 - Regular**
(Member of the bar 3 yrs or more)

- \$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!)

IMPORTANT: ACDLA is a 501(c)(6) non-profit organization. Approximately 20 percent of these dues ARE NOT tax deductible as business expenses because they relate to ACDLA's lobbying and political expenses.

Check membership category above. Complete this form and fax it toll-free to: (866) 665-7522. Or, you may print and mail this form, along with your check, to: ACDLA, PO Box 1147, Montgomery, AL 36101.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

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: (Select One)

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

- VISA
- MasterCard

Credit Card Number: _____

Name on Card: _____

Billing Address: _____

Exp. Date _____

Signature: _____

This membership will expire on
December 31, 2010.

OPTIONAL LEGISLATIVE PROGRAM CHECKOFF:

Legislative efforts cost money. If you can make a separate donation to ACDLA for its 2010 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 expenses. Please make all checks payable to ACDLA, P.O. Box 1147, Montgomery, AL 36101. Visa and MasterCard are accepted. Just complete the form below.

Method of Payment:

(Check one)

_____ *MasterCard* _____ *Visa* _____ *Personal Check/Money Order (Payable to ACDLA)*

<p>Credit Card Number: _____</p> <p>Name on Card: _____</p> <p>Billing Address: _____</p> <p>Exp. Date _____</p> <p>Signature: _____</p>

Total to Be Billed to Card: _____ *(Dues and/or Legislative Program Donation)*

RETURN THIS FORM WITH PAYMENT TO:

ACDLA
P.O. Box 1147
Montgomery, AL 36101

FAX THIS FORM TOLL-FREE TO: Ann Cooper at **866-665-7522**

FOR QUESTIONS, COMMENTS: Call Ann Cooper at **334/272-0064**
Email: annscooper@bellsouth.net