



NYSACDL

NEW YORK STATE ASSOCIATION
OF CRIMINAL DEFENSE LAWYERS

2020 Membership Application

Send the form below via mail/fax or join online at www.nysacdl.org.

Please Select a Membership Level: *If you have questions or need assistance affording membership, contact NYSACDL at 518/443-2000 or jlvantort@nysacdl.org. Memberships expire 12/31/2020.*

<input type="checkbox"/> Premium Membership* - Life Member	\$2,525
<input type="checkbox"/> Premium Membership* - Life Member – Quarterly Payments over Two Years	\$316.25
<input type="checkbox"/> Premium Membership* - President's Club Member	\$575
<input type="checkbox"/> Premium Membership* - Sustaining Member	\$345
<input type="checkbox"/> Regular Member	\$245
<input type="checkbox"/> Public Defender Member	\$160
<input type="checkbox"/> New Attorney Member - Practicing less than 5 years.	\$160
<input type="checkbox"/> Part-Time Attorney Member - Annual income under \$50,000.	\$160
<input type="checkbox"/> Allied Professional Member - Non-lawyers who assist in the defense of criminal cases.	\$220
<input type="checkbox"/> Retired Attorney Member	\$105
<input type="checkbox"/> Recent Law School Alumni Member <i>Less than 1 year from completion. School: _____ Date of Completion: _____</i>	\$80
<input type="checkbox"/> Law Student Member – Interested in Pursuing Criminal Defense Practice <i>School: _____ Date of Completion: _____</i>	\$0 - Free
<input type="checkbox"/> Above dues amounts include a \$15 donation to the NYSACDL Foundation, Inc. Please check to remove and subtract from total.	- \$15
Optional Defenders Circle Donation – Thank you!** <input type="checkbox"/> Champion - \$1,000 <input type="checkbox"/> Leader - \$500 <input type="checkbox"/> Colleague - \$250 <input type="checkbox"/> Supporter - \$100 <input type="checkbox"/> Other - \$ _____	
Total Enclosed:	

* Premium Members Receive Special Recognition in every issue of Atticus, at www.NYSACDL.org, and are included in the Defenders Circle for the duration of their membership or two years, whichever is longer. **Defenders Circle Donations support NYSACDL growth and activities. NYSACDL is a 501(c)6 organization; your donation is not tax-deductible.

Method of Payment:

Check made payable to NYSACDL Please charge my (circle one): Visa MC AMEX Discover

Card Number: _____ Expiration Date: _____ CVV Code: _____

Name on Card: _____ Signature: _____

Billing Address (If Different from Below): _____

Member Information:

Name: _____ Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

County (for membership listing): _____ Phone: _____ Fax: _____

Email: _____ Alternate Email: _____ Please use for listserv.

Website: _____ Education: _____ Bar Admissions: _____

Honors, Awards, Publications: _____

I certify that I meet the criteria for the membership category to which I am applying. Attorneys: I certify that I am member of the bar in good standing, I am not subject to suspension or disbarment in any jurisdiction and I am not engaged in any manner of criminal prosecution.

Signature: _____ Date: _____

Return to:

NYSACDL, 90 State Street, Ste 700, Albany, NY 12207 Fax: 888/239-4665

Questions? Contact Executive Director Jennifer Van Ort at 518/443-2000 or jlvantort@nysacdl.org. **Thank you!**