



# NYSACDL

NEW YORK STATE ASSOCIATION  
OF CRIMINAL DEFENSE LAWYERS

## 2019 Membership Application

Send the form below via mail/fax or join online at [www.nysacdl.org](http://www.nysacdl.org).

**Please Select a Membership Level:** *If you have questions or need assistance affording membership, contact NYSACDL at 518/443-2000 or [jvanort@nysacdl.org](mailto:jvanort@nysacdl.org). Memberships expire 12/31/2019.*

<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	\$565
<input type="checkbox"/> Premium Membership* - Sustaining Member	\$340
<input type="checkbox"/> Regular Member	\$240
<input type="checkbox"/> Public Defender Member	\$155
<input type="checkbox"/> New Attorney Member - Practicing less than 5 years.	\$155
<input type="checkbox"/> Part-Time Attorney Member - Annual income under \$50,000.	\$155
<input type="checkbox"/> Allied Professional Member - Non-lawyers who assist in the defense of criminal cases.	\$215
<input type="checkbox"/> Retired Attorney Member	\$100
<input type="checkbox"/> Recent Law School Alumni Member <i>Less than 1 year from completion. School: _____ Date of Completion: _____</i>	\$75
<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
<b>Optional Defenders Circle Donation – Thank you!**</b> <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 - \$ _____	
<b>Total Enclosed:</b>	

\* Premium Members Receive Special Recognition in every issue of Atticus, at [www.NYSACDL.org](http://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 [jvanort@nysacdl.org](mailto:jvanort@nysacdl.org). **Thank you!**