



Application for Membership

NAME _____

FIRM or OFFICE _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

E-MAIL (Office) _____

At which address do you want to receive membership mail: Office Home

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL (Home) _____

Please indicate if you are:

- Assigned Counsel Public Defender Defender Investigator Student
 Private Attorney Legal Aid Attorney Non-Attorney Prisoner

Attorneys and Law School Students please fill out:

Law School _____ Year of Graduation _____ Degree _____

Date Admitted to Practice _____ State(s) _____

Please indicate your willingness to help us with:

- Legislative Analysis Amicus Work Publications
 Seminars Speakers Bureau Training Materials

I am committed to the zealous representation of persons accused of crime and want to work toward an effective and well-financed system of public defense representation for the poor.

SIGNATURE _____ DATE _____

Annual Membership Dues:	Attorney.....	\$ 75.00
	Non-Attorney.....	\$ 40.00
	Defender Investigator.....	\$ 40.00
	Student	\$ 15.00
	Prisoner.....	\$ 15.00

**Please Mail To: New York State Defenders Association
194 Washington Avenue, Suite 500
Albany, New York 12210-2314**

Telephone: 518-465-3524 **Internet Address:** <http://www.nysda.org>
Fax: 518-465-3249 **E-mail:** info@nysda.org

To pay by credit card: Visa MasterCard Disc AmEx

Card Billing Address: _____

Credit Card Number: _____

Exp. Date: ____ / ____ Cardholder's Signature _____