

WASHINGTON ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

APPLICATION FOR MEMBERSHIP

Name: _____ Phone: _____
Address: _____ Fax: _____

Email address: _____
City _____ State: _____ Zip: _____
WSBA Number: _____ Congressional district: _____

To join WACDL:

- complete the information above
- check your current membership category and select payment option
- read the section on membership eligibility and sign the form
- return this form to WACDL with the correct annual dues payment

Membership category and dues:

- regular member, \$210
- junior, \$105 (member of Bar for less than three years)
- full-time public defender, \$100 (no private cases)
- full-time law professor, \$130
- associate, \$110 (non-lawyer)
- law student \$20

Payment method:

- check payable to WACDL
- charge to (circle one) Visa Mastercard _____
card number

_____ _____ _____
billing zip code 3 digit code expiration date

Sponsor (optional): _____

Membership Eligibility: *Full or part-time prosecutors and those employed in law enforcement are not eligible for membership in WACDL. In addition, full-time judges are not eligible for membership.*

I certify that I am not now engaged full or part-time in the prosecution or law enforcement investigation of criminal cases.

signature

date

Return this form to WACDL 1511 3rd Ave Suite 503., Seattle, Washington 98101

Phone: (206) 623-1302 Fax: (206) 623-4257