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, $215
[ ] junior, $105 (member of Bar for less than three years)
[ ] full-time public defender, $100 (no private cases)
[ ] full-time law professor, $130
[ ] retired, $100 (no paid cases)
[ ] associate, $115 (non-lawyer)
[ ] associate at public defender firm, $90 (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