

WASHINGTON ASSOCIATION OF CRIMINAL DEFENSE LAWYERS
APPLICATION FOR MEMBERSHIP

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

Email: _____
City: _____ State: _____ Zip: _____
WSBA Number: _____ Congressional district: _____
Preferred username for WACDL website (one word): _____

Membership category and dues:

Lawyer Membership

- \$130 ▪ 1st or 2nd year of practice*
- \$200 ▪ 3rd or 4th year of practice*
- \$290 ▪ 4+ years of practice*
- \$160 ▪ full-time public defender
(no private cases)
- \$190 ▪ full-time law professor
- \$140 ▪ retired (no paid cases)

*since first admitted to any Bar

Contributing Membership

- \$700 ▪ patron member
- \$435 ▪ sustaining member

Non-Lawyer Membership

- \$160 ▪ associate – law office staff
- \$125 ▪ associate – public defender
office staff
- \$185 ▪ associate – other
- \$35 ▪ law student

Sponsor (optional): Did another WACDL member encourage you to join?

If so, list that member's name here: _____

Payment method:

- check payable to WACDL
- charge to (circle one) Visa MasterCard American Express

Card number: _____

Billing zip code: _____ Expiration Date: _____

Membership Eligibility: Full or part-time prosecutors and those who perform any law enforcement investigation of criminal cases are not eligible for membership in WACDL. Full-time judges are not eligible for membership. Lawyers (regular, junior, public defender, patron, sustaining & law professor) must be admitted to a state bar. Associate members who are licensed professionals (e.g., medical professionals, investigators, etc.), must affirm they are in compliance and/or good standing with the licensing standards established for their selected profession. **Please check the appropriate boxes and sign below:**

- All applicants: I certify that I am not now engaged full or part-time in the prosecution or law enforcement investigation of criminal cases.
- Attorney applicants: List state bar admission(s): _____
- Associate member applicants in licensed professions: I certify that I am duly licensed and/or in good standing as a _____. List licensing authority: _____.

Signature _____ date _____

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

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