

GEORGIA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

MEMBERSHIP APPLICATION

To join, please consult the Bylaws and fill out this form (please print legibly or type). Send this with dues (see below) to:

215 Church St., Ste.111, Decatur, GA 30030. For more information call (404) 248-1777

Application of _____ Date _____

Please letter membership certificate as above other _____

Mailing address _____
(Please provide the address where you would like to receive mail. Include the city, state, and zip code.)

Business telephone _____ Mobile telephone _____

Email _____ Georgia Bar Number _____ Date Admitted _____

Other State Bar(s) _____ Date Admitted _____

Please check all that apply:

I have been a GACDL member in the past and am rejoining

I have been or am actively engaged in the defense of criminal cases

I am not a full-time judge or employed by a prosecutorial office

I am a full-time criminal defense investigator (associate member)

I am a law school student. School attending and date of expected graduation _____

Please list the Federal and State courts to which you are admitted _____

Have you ever been disbarred or disciplined by any bar association, or are you the subject of disciplinary action now pending?

Yes No. If yes, attach a statement of the circumstances.

I am not a full-time member of the judiciary or employed as a full-time prosecutor. I agree to resign my GACDL membership and immediately notify GACDL upon becoming employed, appointed, or elected one of these positions.

(Signature of Applicant)

What is your gender? Female (including cisgender and transgender women) Male (including cisgender and transgender men)
I will self-describe below I'd prefer not to answer

I prefer to self-describe my gender as: _____

What is your age? Under 24 25-29 30-39 40-49 50-59 60-69 70 or older
I'd prefer not to answer (Optional) Date of birth: _____

What is your Race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific
Islander White I will enter my race below I'd prefer not to answer

Race is _____

What is your Ethnicity? (one or more categories may be selected) Hispanic, Latino/a/x, or of Spanish origin Not of Hispanic
Latino/a/x, or Spanish origin Mexican, Mexican American, Chicano/a/x Puerto Rican Cuban Another Hispanic,
Latino/a/x or Spanish origin I will enter my ethnicity below I'd prefer not to answer

Ethnicity is _____

ENDORSEMENT

(Required for criminal defense investigators and law school students. Recommended for all others.)

As a member of GACDL, I believe this applicant to be a person of professional competency, integrity, and good moral character. The applicant is actively engaged in the defense of criminal cases, a full-time criminal defense investigator, or student attending law school. This member is not a full-time prosecutor or full-time member of the judiciary.

(Please Print Sponsor Name)

ANNUAL DUES (Dec. 1- Nov. 30):

- Regular memberships: \$205
- Associate (full-time criminal defense investigators) memberships: \$205
- New attorney membership: \$130 (first 2 years after bar admission)
- Public Defender/Nonprofit: \$125 (full-time circuit, county, city, or federal employees)
- Contributing membership: \$235
- Sustaining membership: \$600
- Substantial membership: \$5,200 (paid over 5 years)
- Student membership: \$40