

# Maryland Criminal Defense Attorneys' Association

## Membership Application

NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/COUNTY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (Office): \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBPAGE: \_\_\_\_\_

Court of Appeals admission date: \_\_\_\_\_

Check one:

Active Criminal Defense Attorney

Law Student - University \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Sustaining Membership Dues.....\$200.00

Regular Membership Dues (2<sup>nd</sup> year of membership+).....\$90.00

First Year Membership Dues (private and PD).....Free

Full Time Public Defender.....\$40.00

Full Time Student.....Free

I HEREBY CERTIFY that I am employed as a criminal defense attorney and am not affiliated with any prosecutorial or judicial office.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### Payment Information:

Please charge my (select below):  Check enclosed made payable MCDAA

Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Remit form & payment to: MCDAA/9 Newport Dr., Suite 200 /Forest Hill, MD 21050/F: 443-640-1031/info@mcdaa.org