

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 (2nd 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 application and payment to MCDAA/720 Light St. /Baltimore, MD 21230/F: 410-752-8295/mcdaa@assnhqtrs.com