



AKACDL

ALASKA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, INC.
c/o 601 WEST 5TH AVENUE, SUITE 800 • ANCHORAGE, AK 99501
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MEMBERSHIP APPLICATION FORM

The Alaska Association of Criminal Defense Lawyers (AKACDL) is the preeminent association for those working in the criminal defense profession in Alaska!

- YES! My practice is *mostly criminal defense*. I want to become an AKACDL member. (CONTINUE TO NEXT TWO BOXES)**
- I have **never** been employed by or affiliated with any local, state, or federal prosecuting agency; or,
- I have been employed by or affiliated with a local, state, or federal prosecuting agency. *Please provide details:*

(Former prosecutors are ineligible for membership within one year of such employment. Otherwise, former prosecutors can become members only upon a vote of approval by a majority of the AKACDL Board. Associate Member applications are also subject to review and approval by the AKACDL Board - please submit a statement of reasons for joining.)

I qualify for the following membership category (Please check one):

| Membership Categories | Annual Dues |
|--|-------------|
| <input type="checkbox"/> Regular Member * | \$275.00 |
| <input type="checkbox"/> Associate Member ** | \$200.00 |
| <input type="checkbox"/> New Attorney *** | \$190.00 |
| <input type="checkbox"/> Public Defender**** | \$150.00 |
| <input type="checkbox"/> Non-Attorney Public Defender***** | \$125.00 |
| Retired (non-active attorney) | \$75.00 |

* Active attorney.

** Investigators, paralegals, judges, or persons supporting the goals of the organization but who are not licensed or practicing attorneys. No listserv.

*** Practitioners with less than 3 years experience.

**** Current full-time employment as an attorney by a local, state, or federal public defense agency.

***** Investigators, paralegals, and assistants currently employed full-time by a local, state, or federal public defense agency.

- I cannot become a member today, but please send me info about upcoming CLE programs.

Applicant Name: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Phone: _____ Fax: _____ E-mail: _____

State Bar(s) & Admission Date(s): _____

Bar Number(s) _____

Referred by: (Existing members get \$25 off their dues for each referral of a NEW member) _____

Mail with check payable to "AKACDL" c/o 601 West 5th Avenue, Suite 800, Anchorage, AK 99501

(We also offer online payment; please submit your application and, when approved, we will contact you with online payment information.)