

North Dakota Association of Criminal Defense Lawyers
Membership Application Form

Erica Shively, Treasurer
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701-557-3384

Please accept my membership application for NDACDL:

Applicant Name: _____

Firm or Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

State Bar Admissions: _____

I seek admission to NDACDL as a member in the following category (check one):

<input type="checkbox"/>	Regular Member	\$150
<input type="checkbox"/>	Public Defender/Military Member	\$100
<input type="checkbox"/>	New Lawyer Member	\$75

I certify that I meet the membership guidelines for the membership category that I have selected, and that I understand my application is subject to approval by an officer of NDACDL. I have enclosed my check or money order with this application.

Date: _____

Applicant's Signature