



# Arkansas Association of Criminal Defense Lawyers

PO Box 307 Little Rock, AR 72203 | Phone: 501-626-8992 | Fax: 501-246-8869

## MEMBERSHIP APPLICATION

**ELIGIBILITY:** A member in good standing of the State of Arkansas (except students) who is engaged in the defense of criminal cases is eligible for membership upon approval of application and receipt of annual membership dues. Those regularly employed in a prosecutorial office are not eligible.

### MEMBERSHIP CONTACT INFORMATION (Please type or print)

Mr.  Ms.  Mrs. \_\_\_\_\_

Last Name First Name Middle Initial Suffix

Bar Card Number Bar Card Date Birthdate Firm Name Title

Street Address City State Zip County

Telephone Fax Email Address Website Address

### OTHER MEMBERSHIPS

Are you a member of the NACDL?  Yes  No

Member of another Criminal Association?  Yes  No

Please list other memberships (if any):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEMBERSHIP TYPE

- Sustaining Member: \$250.00
- Regular Member: \$100.00
- Public Defender Member: \$75.00
- Law Student Member: \$25.00
- Investigator Member: \$50.00
- Mitigation Specialist Member: \$50.00

### PAYMENT INFORMATION

#### Mail application and payment to:

AACDL—Membership  
PO Box 307  
Little Rock AR 72203  
Phone: 501-412-8992

#### or fax to:

501-246-8869  
with credit card payment

\*\* Make checks payable to AACDL

Payment Type  Check      

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

### FOR AACDL USE ONLY

CHECK # | CC AUTH# \_\_\_\_\_ ENTERED BY: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_