Texas Criminal Defense Lawyers Association

Membership Application (Effective 4/2019)

tion Business Fmail Website Bar Card Number/Date Licensed Member of Local Bar New-Member Endorsement (must be completed for new members) As a current member of TCDLA, I believe this applicant to be a person of professional competency, integrity and good moral character. Printed Name of Endorser Signature of Endorser * These questions are optional and for internal statistics only. The information provided will not be distributed at any time. **Get Involved: Committees/Lawyer Locator Membership Fees** Membership Category and Yearly Fees: I'm interested in serving on a committee—send information. _____ \$100 First-time (\$100 for each of the first two years) Send me a Board application. \$180 Regular member □ Yes! Include me in the online Lawyer Locator.** You may list up to three areas Public defender (must be a PD employee) \$60

of specialty in criminal defense law for public access (example: DWI, sexual \$330 Voluntary sustaining (required for TCDLA officers and directors) assault, appeals).

> **Disclaimer: Provider makes no promises, guarantees, or warranties regarding the attorneys listed on its Lawyer Locator. Said attorneys are TCDLA members who have requested inclusion on provider's website to provide the public with choices for possible legal services. Provider expressly disclaims all warranties, including the warranties of merchantability, fitness for a particular purpose, and non-infringement. Moreover, content contained on or made available through this website is not intended to and does not constitute legal advice. and no attorney-client relationship is formed. The accuracy, completeness, adequacy, or currency of the content is not warranted or guaranteed. Your use of information on the website or materials linked from the website is at your own risk.

□ I would like to donate to the TCDLEI scholarship fund, 501(c)(3) organization, in the amount of \$

\$80 Affiliate (: Deralegal Dinvestigator Expert Dother (law professors & others

____ \$100 TCDLA past president

\$_____\$20 Law student (not auto-renew)

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Total

\$80 Distinguished member (70+ years old)

I prefer not to participate in auto-renewal

Payment Method

For your convenience, TCDLA uses AUTO RENEWAL for all membership dues, using your checking account or credit card. You will be automatically enrolled in the autorenewal program so you do not have to do anything while continuing to enjoy membership benefits every year! You can always opt out of auto-renewal anytime by simply contacting TCDLA by emailing mrendon@tcdla.com or by checking the opt-out option above.

approved by board)

As the account holder at the financial institution I have designated for Automatic Draft, I authorize TCDLA to automatically draft the account I have designated and I authorize my financial institution to debit my payments automatically from the Draft Account on the date the payment is due. I further understand and agree as follows:

• This authorization will remain in effect until TCDLA receives a written notification of cancellation at least 10 business days in advance of the next payment due date.

Type Name to Authorize Payment	Date		
Checking Account Name of Institution*	Financial Institution 9-Digit Routing # Account #		
Credit card (Visa, Mastercard, Amex, or Discover)		
Credit Card Number	Expiration Date		
Tax Notice: \$36 of your annual dues (\$19 if a student member) is for a one- expense. The non-deductible portion of regular and initial membership du		tible as a charitable contribution but may be deducted as an ordinary business	

Information will be used for TCDLA communication (legislative, SDRs, seminars, events, and other announcements related to criminal defense). Contact office to opt out. For refunds please note credit cards may take 2-5 business days, checks may take longer. Contact mrendon@tcdla.com for any questions or concerns.

			Contact informa
Your membership is effect	ive upon approval of application and rece	eipt of annual membership dues.	
Mr. Ms. Mrs			
Name (first, middle, last)		Date of Birth*	Ethnicity*
Address		City, State, Zip	
County	Phone	Cell phone	Fax