



PACDL Membership Application

The Pennsylvania Association of Criminal Defense Lawyers is open only to law students in ABA accredited law schools and attorneys admitted to practice before the Supreme Court of Pennsylvania who are actively engaged in the defense of criminal cases. An attorney who holds judicial or prosecutorial office is ineligible to become or remain a member of the Association. PACDL members receive a personalized certificate of membership, the newsletter "LibertyWatch," discounts on seminar fees, and the knowledge that they have contributed to the goals and financial stability of the Association. *PACDL dues are not tax deductible as a charitable contribution, but may be deductible as a business expense.*

Yes, I want to become a member of the Pennsylvania Association of Criminal Defense Lawyers.

Name _____
Attorney ID _____
Law Firm or Office Name _____
Professional Address _____
City _____ County _____
State _____ Zip _____
Phone Number _____
Home Phone Number _____
for emergency use only
FAX _____
E-mail _____
Years of Admission to Bar _____
PaCLE Compliance Group # _____
____ % of criminal practice is federal
____ % of criminal practice is state
Sponsoring Member _____

I would be willing to serve on these committees:

- Lawyers Assistance Strike Force
- Membership
- Amicus/Brief Bank
- White Collar Practice
- Juvenile Law
- Practice Rule Oversight
- Continuing Legal Education
- Legislative
- Capital Litigation Training
- Young Lawyers

Enclosed is my payment for (check one):

- Staff Member of Public Defender Office \$90/year
Specify office: _____
- Regular Membership \$185/year
- Less than 5 years in private practice \$100/year
- President's Club \$250/year
- Sustaining Membership \$500/year
- Benefactor Membership \$1000/year
- Life Membership \$5,000 (one time collection)
- Law Student \$25/year
Specify school: _____

Payment Information:

- Pay by check
- Pay by credit card*
Type of Card _____ CVV Code _____
Card Number _____
Expiration Date _____

**If paying by credit card, please provide the billing address that is printed on your credit card statement.*

Billing Address:

Name _____
Address _____
City _____
State _____ Zip _____
Phone Number _____

Authorized Signature

**Mail payment and completed application to
PACDL, 115 State Street, Harrisburg, PA 17101**