



# DEFENDER PROGRAM OR CHIEF MEMBERSHIP FORM

Please provide the information requested below and return your completed membership form with appropriate payment to: NLADA, PO Box 79083, Baltimore, MD 21279-0083. Questions? Call us at (202) 452-0620, ext. 234; E-mail: membership@nlada.org. Fax: (202) 872-1031.

## CONTACT DATA:

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Fax \_\_\_\_\_ Work Phone \_\_\_\_\_

**BUDGET INFORMATION – (We cannot process your application without this information.)**

Year: \_\_\_\_\_

Total Annual Budget: \$ \_\_\_\_\_

Funding Sources: \_\_\_\_\_

\_\_\_\_\_

**ORGANIZATIONAL DATA**

Please indicate the number of staff at your organization (all offices) in the categories below:

Attorneys: \_\_\_\_\_

Other Staff: \_\_\_\_\_

Total Staff: \_\_\_\_\_

## OFFICE INFORMATION:

What percent of your clients are indigent? \_\_\_\_\_ Do you charge indigent clients for services? \_\_\_\_\_

Types of cases handled (check all that apply):  Felony  Misdemeanor  Juvenile  Capital  Appeals  Mental Competency  Habeas Corpus  Post-Conviction  Other: \_\_\_\_\_

Type of office (check all that apply):  Public Defender:  Statewide  County  Judicial District  Federal  City  Local  Appellate  Private Contract  Assigned Counsel  Private Practice  Social Service Organization  Pro Bono  Law Clinic  Other: \_\_\_\_\_

## MEMBERSHIP SUBSCRIPTION FEES: See Subscription Levels, Benefits and Fees sheet for description. Please select one.

Chief-Only Membership Subscription

*or*

Full Program Membership Subscription

Budget of Program	Chief Subscription Fee
<input type="checkbox"/> Up to \$200,000:	\$110
<input type="checkbox"/> \$200,001 - \$400,000:	\$220
<input type="checkbox"/> \$400,001 - \$600,000:	\$275
<input type="checkbox"/> \$600,001 - \$1,000,000:	\$385
<input type="checkbox"/> \$1,000,001 - \$1,500,000:	\$495
<input type="checkbox"/> \$1,500,001 - \$2,000,000:	\$605
<input type="checkbox"/> \$2,000,001 - \$5,000,000:	\$715
<input type="checkbox"/> \$5,000,001 - \$10,000,000:	\$880
<input type="checkbox"/> \$10,000,001 or more:	\$1,075

Budget of Program	Full Program Fee
<input type="checkbox"/> Up to \$200,000:	\$220
<input type="checkbox"/> \$200,001 - \$400,000:	\$440
<input type="checkbox"/> \$400,001 - \$600,000:	\$770
<input type="checkbox"/> \$600,001 - \$1,000,000:	\$1,100
<input type="checkbox"/> \$1,000,001 - \$1,500,000:	\$1,925
<input type="checkbox"/> \$1,500,001 - \$2,000,000:	\$2,750
<input type="checkbox"/> \$2,000,001 - \$5,000,000:	\$3,575
<input type="checkbox"/> \$5,000,001 - \$10,000,000:	\$4,125
<input type="checkbox"/> \$10,000,001 or more:	\$4,375

## PAYMENT INFORMATION:

Check enclosed (payable to NLADA) in the amount of \$ \_\_\_\_\_  Purchase Order Enclosed

Charge to:  Visa  MasterCard Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**BRANCH OFFICE/ADDITIONAL CONTACTS INFORMATION:**

Full Program members can designate additional contacts (such as deputy chiefs) and branch offices to receive NLADA program member mailings. Please complete information below and/or attach a program roster as a separate page and return with your completed Membership Form. Please be sure to include available e-mail addresses for all contacts. Please photocopy this form as needed.

*All Branch Office/Additional Contacts will receive NLADA program member mailings.*

Branch Office Name \_\_\_\_\_

Managing Attorney (or key contact) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Number of attorneys at this branch: \_\_\_\_\_

Branch Office Name \_\_\_\_\_

Managing Attorney (or key contact) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Number of attorneys at this branch: \_\_\_\_\_

Branch Office Name \_\_\_\_\_

Managing Attorney (or key contact) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Number of attorneys at this branch: \_\_\_\_\_

**SIGN & SUBMIT PAYMENT:**

\_\_\_\_\_  
Chief Defender/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\* **New Program Member:** The above organization hereby applies for a Defender Program Membership in the National Legal Aid & Defender Association. We understand that membership in good standing entitles us to all NLADA membership services, including eligibility for the NLADA Insurance Program. We are enclosing a brief description of our organization and other relevant material about our operations (i.e. Annual Report). \* *Defender Program Membership in NLADA is subject to final approval by the Board of Directors.*

**Please make check payable to NLADA and mail to:**

**NLADA · PO Box 79083  
Baltimore, MD 21279-0083**

**Questions? Contact us at: 202-452-0620, ext. 234 or 215 · Send e-mail to: [membership@nlada.org](mailto:membership@nlada.org)  
FAX 202-872-1031 · [www.nlada.org](http://www.nlada.org)**

NLADA is a 501(c)(3) non-profit organization. Federal Tax ID #: 36-2337880.