



DEFENDER PROGRAM 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 should be directed to Member Services at (202) 452-0620, ext 234 or 215.

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:

Select budget range below to determine annual program fee

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
FAX 202-872-1031 · www.nlada.org