

INDIVIDUAL MEMBERSHIP APPLICATION

Please provide the information requested below and return your completed membership application and dues payment to: **NLADA**, **PO Box 79083**, **Baltimore**, **MD 21279-0083**.

Questions? Call us at (202) 452-0620, ext. 215 or ext. 234 E-mail: membership@nlada.org Fax: (202) 872-1031

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IMPORTANT: Please indicate your affiliation: (This determines which mailings and publications you will receive fr				☐ Defender	☐ Both	
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INDIVIDUAL MEN Please check the box cor you are applying: Sustaining Member Individual Attorney Non-Attorney Professi Student/Fellow Member Client Member	\$150 \$100 (\$75 if ponal \$60 (\$40 if pro	pe of membership rogram member er	for which mployee)	It is very important your voting classifi you will be eligible and Policy Group Public Membe		candidates DA Board Member Member
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PAYMENT INFORM Membership Dues				METHOD OF PAYMENT ➤ Submit a Check with this form to: NLADA		
Section Dues Enclosed	\$			PO Box 79083 Baltimore, MD 21279-0083		
Tax-Deductible Donation	\$				ne at nlada.org/eweb	
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