

## 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. 215; E-mail: [membership@nlada.org](mailto: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: \_\_\_\_\_

#### ORGANIZATION DATA

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

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

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

☐ **GO PAPERLESS – OPT OUT OF RECEIVING NLADA MAILINGS**

### OFFICE INFORMATION:

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

**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: \_\_\_\_\_

**Types of cases handled (check all that apply):** ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐ Capital ☐ Appeals ☐ Mental Competency ☐ Habeas

Corpus ☐ Post-Conviction ☐ 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	Budget of Program	Full Program Fee
<input type="checkbox"/> Up to \$200,000:	\$110	<input type="checkbox"/> Up to \$200,000:	\$220
<input type="checkbox"/> \$200,001 - \$400,000:	\$220	<input type="checkbox"/> \$200,001 - \$400,000:	\$440
<input type="checkbox"/> \$400,001 - \$600,000:	\$275	<input type="checkbox"/> \$400,001 - \$600,000:	\$770
<input type="checkbox"/> \$600,001 - \$1,000,000:	\$385	<input type="checkbox"/> \$600,001 - \$1,000,000:	\$1,100
<input type="checkbox"/> \$1,000,001 - \$1,500,000:	\$495	<input type="checkbox"/> \$1,000,001 - \$1,500,000:	\$1,925
<input type="checkbox"/> \$1,500,001 - \$2,000,000:	\$605	<input type="checkbox"/> \$1,500,001 - \$2,000,000:	\$2,750
<input type="checkbox"/> \$2,000,001 - \$5,000,000:	\$715	<input type="checkbox"/> \$2,000,001 - \$5,000,000:	\$3,575
<input type="checkbox"/> \$5,000,001 - \$10,000,000:	\$880	<input type="checkbox"/> \$5,000,001 - \$10,000,000:	\$4,125
<input type="checkbox"/> \$10,000,001 or more:	\$1,075	<input type="checkbox"/> \$10,000,001 or more:	\$4,375

## 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 Offices/Additional Contacts will receive NLADA program member mailings.**

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

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

Address \_\_\_\_\_

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

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

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

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

Managing Attorney (or primary 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 and Chief Defender Membership in NLADA is subject to final approval by the Board of Directors.*

#### PAYMENT METHODS:

- Submit a **Check** with this form to:  
**NLADA**  
**PO Box 79083**  
**Baltimore, MD 21279-0083**

- Pay Online at <https://my.nlada.org/my-account/my-profile/>
- *\***Credit Card** payments **must be submitted through our secure online system** at <https://my.nlada.org/my-account/my-profile/>. NLADA does not accept credit card payments through mail, email, or fax.*

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