

To join MTACDL, please print this form, fill it out, and mail it to the address listed below with your check for the appropriate amount of dues.

**MTACDL ENROLLMENT FORM**

Name: \_\_\_\_\_

Firm/Public Defender Office/School: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Year first Admitted to **any** Bar Association: \_\_\_\_\_

MEMBERSHIP CATEGORY (Please Check One)

- \_\_\_\_\_ Regular - \$115.00/year
- \_\_\_\_\_ New Lawyer (member of **any** bar association less than 3 years) - \$55.00/year
- \_\_\_\_\_ Public Defender (employed by government or non-profit organization OR at least 50% of all criminal work is court appointed - \$65.00/year)
- \_\_\_\_\_ Tribal Court Advocate- \$50.00 /year
- \_\_\_\_\_ Associate (Non-lawyer affiliate) - \$50.00/year
- \_\_\_\_\_ Law Student - \$10.00/year
- \_\_\_\_\_ Law Professor/Judiciary - free
- \_\_\_\_\_ Lifetime (includes waiver of any dues for lifetime of member) - \$1,000.00

I hereby certify that I am not currently a prosecutor in any local, state, tribal, or federal office. If I accept an appointment as a temporary prosecutor or as a temporary police legal advisor, I will within 30 days of doing so, request a waiver of the provisions of the Bylaws of the association prohibiting membership of prosecutors.

\_\_\_\_\_  
Applicant

**Please make check payable to MTACDL. Mail completed form and payment to:**

**MTACDL  
P.O. Box 2927  
Great Falls, MT 59403**