

To join MTACDL, or to renew with updated information, 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 APPLICATION or RENEWAL 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) - \$2,000.00

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 8094
Missoula, MT 59807**