



KACDL Membership Application

Kentucky Association of Criminal Defense Lawyers

502.594.1375

director@kacdl.net

www.kacdl.net

Name _____

Address _____

City, State ZIP _____

County _____

Phone(s) _____

Email _____

Firm _____

Bar Admission Date _____

Law School _____ Year _____

Interested in serving on a KACDL Committee? _____

Legislative Amicus Strike Force DUI Education Rules

I hereby certify that I am actively engaged in the defense of criminal cases in Kentucky as an attorney or other professional (e.g., law student, paralegal, investigator, social worker, etc.)

Signature _____ Date _____

Annual Dues *Please circle one*

Young Private Practitioner \$75

Senior Private Practitioner (5+ years) \$150

Young Public Defender* \$50

Senior Public Defender* (5+ years) \$100

Associate Member**(Non Attorney, Support Staff) \$50

Law Student (Enrolled Accredited Law School in the Commonwealth of KY) \$25

Sustaining Member \$300 (\$50 goes toward Young Public Def Fund)

Lifetime Membership \$1,500 or 2 annual payments of \$800

*Must be an attorney in the full-time employ of local, state, or federal public defender offices or Legal Services agencies in the Commonwealth of KY.

**Each application for Associate Membership shall be endorsed by one (1) Regular, Young Lawyer, Public Defender, Sustaining or Life Member of the Association.

Please return with payment to: KACDL, P.O. Box 326, Hebron, KY 41048

Office Use Only:

Date Received: _____ Check # _____ Invoice # _____ Credit Card Confirmation # _____

Date Processed: Membership Records _____ Accounting _____ Listserv _____