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 APPLICATION 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
c/o Peter Landseidel
PO Box 7435
Missoula, MT 59807

email: info@mtacdl.org