

CONNECTICUT CRIMINAL DEFENSE LAWYERS ASSOCIATION
MEMBERSHIP APPLICATION
(Fiscal year is October 1st to September 30th)

Name: _____

Firm Name/Public Defender: _____

Office Address: _____

Home Address: _____

Phone No.: (____) _____ Facsimile No.: (____) _____

Email address: _____ Check here to be added to the listserve.

Your State Senator: _____ Your State Representative: _____

Enclosed please find my payment for (check one):

____ Regular Membership \$125.00 ____ New Attorney \$50.00 (admitted less than 3 years)
____ Public Defender 85.00 ____ Law Student \$10.00 ____ Associate Member \$35.00 (limited membership)

I hereby certify that I am not a full-time or part-time prosecutor and that I am an attorney in good standing in the State of Connecticut or a currently enrolled law student. I understand that all contents, postings and/or comments on the CCDLA listserve, if I participate, are confidential and do not represent the views of the CCDLA.

Date

(Member signature)

Please return form with your check made payable to CCDLA to: Lisa Cerverizzo, Executive Director, CCDLA, P.O. Box 1766, Waterbury, CT 06721, or fill out your credit card information below and fax to (860) 283-5070. The CCDLA membership application also is available online at: <http://www.ccdla.com>. If you have any questions please call (860) 283-5070 or email Lisa Cerverizzo at LCerverizzo@msn.com.

____ MasterCard ____ Visa ____ American Express ____ Discover

Card Number: _____ Expiration Date: _____

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