

# KANSAS ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

## MEMBERSHIP APPLICATION/RENEWAL

I wish to apply for membership in the Kansas Association of Criminal Defense Lawyers. I agree to be bound by the Charter and by-laws thereof.

**Annual Dues:** PLEASE CIRCLE CATEGORY.

Student..... \$10.00  
Full Time Public Defender..... \$25.00  
Practicing Attorney 3 years or less..... \$25.00  
Practicing Attorney over 3 years.....\$75.00  
Associate  
(Retired, Judge, Paralegal, Investigator)..... \$50.00  
Sustaining Member.....\$250.00  
Life Member (no dues after paid once)..... \$1,500.00

**MEMBERSHIP IS NOT OPEN TO ANYONE  
EMPLOYED IN PROSECUTION OF CRIMINAL  
CASES, EITHER ON A PART-TIME OR  
FULL-TIME BASIS.**

CHECK APPLICABLE

\_\_\_\_\_ I certify that I am a practicing attorney licensed by the State of Kansas and that I am **NOT** employed in the prosecution of criminal cases – either part-time or full-time.

\_\_\_\_\_ I certify that I am employed **full time** as an attorney in a Public Defender’s office.

\_\_\_\_\_ I certify that I am not an attorney or that I am a judge or retired attorney and I am not employed on a part-time or full-time basis by any prosecution or law enforcement agency. (Associate Membership).

\_\_\_\_\_ I certify that I am a student, and that I am not employed or interned on a part-time or full-time basis by any prosecution or law enforcement agency.

PLEASE PRINT

NAME: \_\_\_\_\_ YEAR ADMITTED TO KS BAR: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS (PLEASE INCLUDE): \_\_\_\_\_

Would you prefer to receive the newsletter by e-mail or hard copy? \_\_\_\_\_

**MAIL MEMBERSHIP APPLICATION WITH CHECK TO:  
KACDL, P.O. BOX 484, OLATHE, KS 66051-0484**

If you have questions, please contact us, at [KACDL@hotmail.com](mailto:KACDL@hotmail.com) or (913) 558-3961.

\_\_\_\_\_  
SIGNATURE