# The San Antonio Criminal Defense Lawyers Association

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# MEMBERSHIP APPLICATION

**NAME**: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. Date: _____

_____
First Name Last Name MI

**MAILING ADDRESS:** _____
Street Address/PO Box

_____
City State ZIP County

**TELEPHONE**: _____ FAX: _____

**EMAIL ADDRESS:** _____

**TEXAS BAR CARD NO.**: _____ **DATE OF BIRTH**: _____

**Certified Criminal Law Specialist**? ☐ YES ☐ NO

**Member of TCDLA**? ☐ YES ☐ NO **NACDL**? ☐ YES ☐ NO

**Do you want a Membership Certificate**? ☐ YES ☐ NO

**CATEGORY OF MEMBERSHIP:**

☐ Contributing ($150 per year)

☐ Regular ($75 per year)

☐ Student/First Year Lawyer ($30)

**PLEASE MAIL APPLICATION TO**: SACDLA, P.O. Box 831206, San Antonio, Texas 78283-1206

**SIGNATURE**: _____