The San Antonio Criminal Defense Lawyers Association

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MEMBERSHIP APPLICATION

* NAME :	ſs. □ Mrs. □	Dr. □ Profess	or 🗆 Oti	her
First Name	Last Name			MI
MAILING ADDRESS:				
Street Address/Suite Nbr./PO Box				
City	Sta	te	ZIP	County
TELEPHONE:		FAX:		•
* EMAIL ADDRESS:				
* BAR CARD NO.:		,		? □ YES □ NO
Member of TCDLA? □	YES □ NO	NACDL?	□ YES	□ NO
CATEGORY OF MEMBER	RSHIP:			
☐ Contributing (\$150	O/year)	St Mary's Law St	tudent/First	Year Lawyer (\$30)
☐ Regular (\$75/year)		St. Mary's Crim.	Law Assn (\$0, Volunteer 5 Hrs)
☐ Federal PD for TXWD (\$25/year) ☐ Bexar County Public Defender (free)				
(Attorneys): I am a member is defense of criminal cases in the contiguous Counties, or in the time or elected Judicial or Pro	e State, County or N e Federal Courts of	Municipal Courts in the Western Dist	n Bexar Cou	inty or the surrounding
(All): I understand that the S means of facilitating profession posts are private and privile Violation of this policy could Association in accordance with	onal communication ged, and not to b result in my memb	ns among membe e distributed bey ership being susp	rs of SACD? yond the SA ended, or be	LA. As such, Listserv ACDLA membership.
*SIGNATURE:			Date:	y .
PLEASE MAIL APPLICAT				

* Required Information (Bar Card No. not required for student membership application)