



ILLINOIS ASSOCIATION OF
CRIMINAL DEFENSE LAWYERS

Membership Application

(check one)

New Member Renewal

Required Information		
Last Name / Suffix	First Name	MI
Job Title	Bar Number & State (if applicable)	Bar Admission Date
Business Name & Street Address		
City	State	ZIP
Business Phone ()	Business Fax ()	
Email	Web Site	
Home Address		Apt. #
City	State	ZIP
Home Phone ()	Cell Phone ()	
Who may we thank for referring you?		
Choose Membership Level		
Please choose one of the following membership levels: (check one)		
<input type="checkbox"/> \$2500 - Lifetime Member <input type="checkbox"/> \$125/yr - Private Attorney <input type="checkbox"/> \$75/yr - Public Defender <input type="checkbox"/> \$75/yr - Associate (law professors/ forensics experts/ paralegals/ etc.) <input type="checkbox"/> \$50/yr - Investigator (trial consultants, mitigation specialists, etc.) <input type="checkbox"/> \$35/yr - Young Members (lawyers admitted to the bar fewer than 3 years) <input type="checkbox"/> \$20/yr - Law Student		
Additional levels available. Call IACDL at (312) 401-8090 with questions.		
To Pay by Mail		
1. Make check payable to: IACDL. - or - fill out the section below for Credit Card Payment. 2. Mail form, and check (if applicable) to: IACDL P.O. Box 9130 Mount Prospect, IL 60056.		
To Pay by Fax		
1. Provide Credit Card info below. 2. Fax form to: (312) 602-4964.		
Credit Card Payment		
Name on Card	Signature	
Credit Card Number	Security Code (3-digit code on back of card)	
Type of Card <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Expiration Date	

IACDL also accepts secure online payments at <http://www.iacdl.net>.