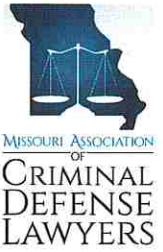


Membership Application / Renewal Form



To join the Missouri Association of Criminal Defense Lawyers, or to renew your membership, complete this form and mail with your check to: **MACDL, P.O. Box 1543, Jefferson City, MO 65102**

For payment options other than by check, please see the backside of this form

If you need to make other payment arrangements, please contact the office (573-636-2822).

LIFETIME MEMBERSHIP \$2,500.00

Person qualified for regular membership who in lieu of the regular membership dues pays the Association the lifetime rate as fixed by the Board.

REGULAR MEMBERSHIP: (renews annually)

Licensed attorneys of professional competency, integrity and good moral character who are actively engaged in the defense of criminal cases.

- Licensed 5 years or more**\$225.00
- Licensed less than 5 years**.....\$100.00
- Public Defender**
- Licensed 0-1 year**.....FREE
- Licensed 1-5 years**\$50.00
- Licensed 5+ years**\$95.00

PROVISIONAL (NONVOTING) MEMBER: (renews annually)

Persons of integrity and good moral character who are pursuing a career in the defense of criminal cases (i.e. Law Professors, members of the judiciary, etc.).

- Paralegals & Legal Assistants**\$25.00
- Members of the Judiciary**.....Free
- Full-time Law Professors**.....Free
- Law Students**Free

ASSOCIATE MEMBERSHIP: (renews annually) **\$300.00**

Non Lawyers providing goods and services incidental to the practice of law.

NAME _____

FIRM/COMPANY _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____

ZIP _____ E-MAIL _____ PHONE _____

LEGISLATIVE LOOKUP: PROVIDE 9 DIGIT HOME ZIP CODE _____

DATE _____ AMOUNT ENCLOSED _____

Website Address _____

Do you serve as a full time or part time Federal or State Prosecuting Attorney? YES NO



Payment Authorization Form

FAX completed form to MACDL 573-636-9749

DATE: _____

FOR BANK ACCOUNT DRAFT/E-check USE

A 1% convenience fee will be added to the final amount

(Option 1- for One-Time) I, _____, authorize **MACDL** to charge my banking account listed below on [____ (month), ____ (day), ____ (year)] for the amount of \$_____ for _____ . [Description of the transaction]

(Option 2- for Recurring) I, _____, authorize **MACDL** to charge my banking account listed below, starting on the [____ (month), ____ (day), ____ (year)] and on the [____ (day of the month)] for each month following through [____ (month, day, year)] for the amount of \$_____ for _____ . [Description of the transaction]

My account information is as follows: Need for use regardless of which e-check option you choose.

Name (as it appears on Bank account): _____

Bank Name: _____ Bank Account Type: Checking Savings Business Checking

Bank ABA Routing Number: _____ Bank Account Number: _____

This payment authorization is valid and to remain in effect unless I, _____ notify **MACDL** of its cancellation by sending written notice by email to info@macdl.net .

In the event that a payment is returned for insufficient funds, I authorize the payee to electronically debit my bank account for the original amount of the transaction, as well as a returned item fee, up to the maximum amount allowed by law.

FOR CREDIT CARD USE - MACDL Accepts VISA, MASTERCARD or DISCOVER

A 3.5% convenience fee will be added to the final amount

My Credit Card account information is as follows:

Name (as it appears on card): _____

Card Number: _____ Verification Value (last set of digits on back of card) _____

Expiration Date: _____ Cardholder Zip Code _____

Recurring charges- Mark YES- MACDL will automatically charge your card annually for membership dues and email you a confirmation.

Customer Name Printed

Customer Signature