

# membership form

## FOR 2015 NEW MEMBERS & RENEWALS

NDIA Member: Your National Defender Investigator Association dues are now due for 2015. Please remit a check, money order, or credit card information to NDIA with this form. Make any necessary changes in address, etc. on the form. MEMBERSHIP IS BASED ON THE CALENDAR YEAR July - June (of the following year). Dues will expires June 30, 2015.

### Check One:

Renewal (Enter Member #) \_\_\_\_\_

New Applicant

### Type of Membership:

\$20/\$30/\$40 (Student)

\$20/\$35/\$50 (Retired)

\$40 (1 Calendar Year, Regular/Associate)

\$65 (2 Calendar Years, Regular/Associate)

\$90 (3 Calendar Years, Regular/Associate)

**Amount Enclosed:** \_\_\_\_\_

### Credit Card:

MC  Visa  AMEX  Discover

Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

Suite/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (      ) \_\_\_\_\_

Fax Number: (      ) \_\_\_\_\_

Cell Phone: (      ) \_\_\_\_\_

Email: \_\_\_\_\_

### TYPE OF MEMBERSHIP:

- Regular Member** - Persons actively engaged in investigation for the defense of indigent persons as a full-time investigator in an office whose primary purpose is criminal defense work.
- Associate Member** - Persons actively engaged in criminal defense work to include on a part-time basis.
- Retired Member** - Retired and NDIA Member for minimum 5 Years.
- Student Member** - Over age 18, attending college, majoring in criminal justice or equivalent program. Student members are not entitled to vote.

### I am presently employed as: (check one only)

Investigator  Paralegal  Mitigation Specialist  Attorney  Other

### I am presently employed with: (check only one)

Public Defender Office  Legal Aid Society  Community Defender Association  Other

**I certify that I have accurately represented my membership status listed above. I will notify NDIA of any changes.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL FORM TO:** Beverly Davidson, NDIA, 460 Smith Street, Suite E, Middletown, CT 06457  
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