

NDIA Membership Form FY 2014

NDIA Member: Your National Defender Investigator Association dues for 2015 are due. Please remit a check, money order or credit card to NDIA with this form, **NDIA, Beverly Davidson, 460 Smith St., Suite K, Middletown, CT 06457 or fax to 866-668-9858.** Make any necessary changes in address etc on the form. 2014 Dues will expire June 30, 2015.

Check One:

☐ Renewal

Member #_____

☐ New Applicant (*check & circle below*)

Type of Membership: 1 / 2 / 3 years

☐ \$20/\$30/\$40 Student

☐ \$20/\$35/\$50 Retired

☐ \$40 One Calendar Year (Regular/Associate)

☐ \$65 Two Calendar Years
(Regular/Associate)

☐ \$90 Three Calendar Years
(Regular/Associate)

☐ Amount Enclosed:_____

Credit Card:

☐ MC ☐ Visa ☐ American Express ☐ Discover

Card #:_____

Expiration:_____ CVV:_____

Signature:_____

Billing Zip Code:_____

Name:_____

Agency:_____

Address:_____

Suite/Floor_____

City_____ State_____ Zip_____

Work Phone:_____

Fax Number_____

Cell_____

E-mail:_____

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 (Over age 18, attending college, majoring in criminal justice or equivalent program. Student Members 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_____