

NDIA Membership Form

National Defender Investigator Association membership dues: Please remit a check, money order or credit card to NDIA with this form. MEMBERSHIP TERM IS BASED ON THE DATE YOUR PAYMENT IS RECEIVED AND IS GOOD THROUGH THAT DATE/MONTH THE FOLLOWING YEAR. **NDIA dues are non-refundable.**

Check One:

Renewal

Member

New Applicant

Type of Membership:

\$30/\$40/\$50 Student

\$30/\$45/\$60 Retired

\$50 One Calendar Year (Regular/Associate)

\$75 Two Calendar Years
(Regular/Associate)

\$100 Three Calendar Years
(Regular/Associate)

Amount Enclosed: _____

Credit Card: Billing Zip Code: _____

MC Visa American Express Discover

Card #: _____

Expiration: _____ CVV _____

Billing Zip Code: _____

Name: _____

Position: _____

Agency: _____

Address: _____

Suite/Floor _____

City: _____ State: _____ Zip _____

Work Phone: _____

Fax Number: _____

Cell _____

E-mail: _____

(Must provide email address if using credit card)

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 eligible 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 _____

Mail to: JanMarie O'Connell, NDIA, PO Box 1900, San Marcos, CA. 92079-1900 /fax to 760-888-1903 or e-mail to: nationaldefender@gmail.com