Membership Application

Name: _____ **Email address:** _____

Name of Agency: _____

Agency Address:_____
(Street) **(State)** **(Zip Code**)

Agency Phone Number: _____ **Fax:** _____

Title: _____**Current Assignment:** _____

Preferred Mailing Address: _____
(Street) **(State)** **(Zip Code)**

Preferred Contact Phone number: _____ **Type of Membership:** __General_____Associate

Areas of Criminal Law Expertise: _____

Language Skills: _____ **Are you associated with any other bar associations**? _____

May we include your name, title, office address, current assignment, email, and office phone number and address in a membership directory? ( ) Yes ( ) No

Are you interested in joining any committees? _____