

GEORGIA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

LAWYER MEMBERSHIP APPLICATION | FY2025 | December 1, 2024 – November 30, 2025

Contact Details | Practice Information

Full Name _____ Preferred First Name _____
(Please provide the name you want to appear on your new member certificate.)

Firm/Organization _____ Email _____

Mailing Address _____ County _____
(Please provide the address of your firm/organization.)

Residential Address _____ County _____
(Please optionally provide the address where you vote to assist in GACDL's Legislative efforts. Include city, state, and zip code.)

Business Telephone _____ Mobile Telephone _____

Georgia Bar Number _____ Date Admitted _____

Other State Bar(s) & Date(s) Admitted _____

Please check **all that apply**:

- ☐ I am a new GACDL member
- ☐ I have been a GACDL member in the past and am rejoining
- ☐ I have been or am actively engaged in the defense of criminal cases
- ☐ I am not a full-time judge or employed by a prosecutorial office

In addition to Criminal Defense, my practice includes:

- ☐ Personal Injury ☐ Family Law
- ☐ Immigration ☐ Crimmigration
- ☐ Landlord/Tenant ☐ ADR/Mediation
- ☐ Appeals/Post-Conviction ☐ Parole
- ☐ Other _____

Have you ever been disbarred or disciplined by the bar? ☐ Yes ☐ No

If yes, please describe the circumstances below.

Please list any Federal and State courts to which you are admitted _____

I am not a full-time member of the judiciary or employed as a full-time prosecutor. I agree to resign my GACDL membership and immediately notify GACDL upon becoming employed, appointed, or elected one of these positions.

(Wet or digital signature needed. Typing name will not act as signature)

ANNUAL DUES (FY2024): CHECK ONE

[\$40 of each dues amount listed *optionally* supports GACDL's Legislative work]

- ☐ Regular membership: \$270 ☐ Contributing membership: \$345
- ☐ New Attorney membership: \$185 (first 2 years after bar admission) ☐ Sustaining membership: \$740
- ☐ Public Defender/Nonprofit: \$150 (full-time circuit, county, city, or federal employees) *Excludes whole office memberships ☐ Substantial membership: \$10,800 (option to pay over 5 years)

Diversity | Equity | Inclusion | Belonging

What is your gender? ☐ Female (cisgender & transgender women) ☐ Male (cisgender & transgender men)

☐ I prefer to self-describe my gender as: _____ ☐ I'd prefer not to answer

What is your age? ☐ Under 25 ☐ 25-29 ☐ 30-39 ☐ 40-49

☐ 50-59 ☐ 60-69 ☐ 70 or older ☐ I'd prefer not to answer

(Optional) Date of birth: _____

What is your Race/Ethnicity? ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

(one or more categories may be selected) ☐ Native Hawaiian or Pacific Islander ☐ White ☐ I'd prefer not to answer

☐ Hispanic, Latino/a/x, or of Spanish origin

Please contact GACDL with any questions: 215 Church St., Ste.111, Decatur, GA 30030 | (404) 248-1777

Membership Coordinator: Katie Holbrook katie@gacdl.org