

GEORGIA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

LAWYER MEMBERSHIP APPLICATION | FY2026 | December 1, 2025 – November 30, 2026

CONTACT DETAILS | PRACTICE INFORMATION

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

Preferred "Common" First Name _____
Preferred Pronouns _____

*Firm/Organization _____
Work Email _____

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

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

*Work Phone _____ Cell Phone _____

Georgia Bar Number _____ Date Admitted _____

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

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

***Fields marked with an asterisk are for public display on GACDL's public directory.**

Have you ever been disbarred or disciplined by the bar? ☐ Yes ☐ No If yes, please describe the circumstances below.

CERTIFICATION

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 (FY2026)

*\$40 of amount listed *optionally* supports GACDL's Legislative work

- ☐ Regular membership: \$320* ☐ Contributing membership: \$395* (includes \$75 donation to GACDL)
- ☐ New Attorney membership: \$235 (first 2 years after bar admission) ☐ Sustaining membership: \$770* (includes 1 free seminar registration fee and \$100 donation to GACDL)
- ☐ Public Defender/Nonprofit: \$160* (full-time circuit, county, city, or federal employees) *Excludes whole office memberships* ☐ Life/Substantial membership: \$11,000* (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: 352 University Avenue, S-121, Atlanta, GA 30310 | (404) 248-1777

Membership Coordinator: Katie Holbrook katie@gacdl.org