

GEORGIA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

ASSOCIATE 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 _____

License Number _____ Date Admitted _____

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

Please check **all that apply**:

- | | |
|--|---|
| <input type="checkbox"/> I have been a GACDL member in the past and am rejoining | <input type="checkbox"/> I am a new GACDL member |
| <input type="checkbox"/> I have been or am actively engaged in the defense of criminal cases | <input type="checkbox"/> I am not a full-time judge or employed by a prosecutorial office |
| <input type="checkbox"/> I am a full-time criminal defense investigator | <input type="checkbox"/> I am a full-time criminal defense paralegal |

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]

- | | |
|--|---|
| <input type="checkbox"/> Investigator Membership: \$270 | <input type="checkbox"/> Paralegal Membership: \$270 |
| <input type="checkbox"/> Investigator in Public Defender/Nonprofit Office: \$150 (full-time circuit, county, city, or federal employees) | <input type="checkbox"/> Paralegal in Public Defender/Nonprofit Office: \$150 (full-time circuit, county, city, or federal employees) |

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

ENDORSEMENT

(Required for criminal defense investigators and paralegals.)

As a member of GACDL, I believe this applicant to be a person of professional competency, integrity, and good moral character. The applicant is actively engaged in the defense of criminal cases, a full-time criminal defense investigator, or student attending law school and is not a full-time prosecutor or full-time member of the judiciary.

(Please Print Sponsor Name)

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

Membership Coordinator: Katie Holbrook katie@gacdl.org