



NORTH CAROLINA ASSOCIATION OF DEFENSE ATTORNEYS

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www.ncada.org

The Right Affiliation ❖

The Right Resources ❖

The Right Reasons

LAW STUDENT MEMBERSHIP APPLICATION

Name _____

Law School _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

E-Mail Address _____ Ph# _____ Fax# _____

Permanent Mailing Address _____

City _____ State _____ Zip _____ Ph# _____

Expected Graduation Date _____

(month/day/year)

Please note: Law student memberships expire 6 months after graduation.

Are you a member of a student organization? Yes No Name of Organization _____

OPTIONAL	<i>The NCADA is committed to the principle of diversity in its membership and leadership. This information is requested for recordkeeping purposes and to assist the NCADA in obtaining an accurate demographic summary and is not required for membership consideration.</i>
	Birthdate _____ Preferred Call Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(month/day/year)</i> Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____

I am currently registered as a full-time or evening student pursuing a J.D. degree at the school indentified in this application. I have read the above and hereby make application for individual membership.

Date: _____ Applicant Signature: _____

All applications must be signed and dated.

- My check for \$10 (USD) is enclosed.
- Please bill me. (Your membership will be inactive until NCADA receives payment.)
- Please charge my: Visa MasterCard AmEx

Account # _____ Expiration Date: _____ CVV# _____

Signature: _____

Law Student members receive complimentary registration to attend NCADA seminars, subscription to The Defender and access to other relevant NCADA communications.