



NEBRASKA CRIMINAL
DEFENSE ATTORNEYS
ASSOCIATION

PO. Box 610 · Boystown, Nebraska 68010

Phone. (402) 770-4475

Email: Valerie.ncdaa@gmail.com

www.nebraskacriminaldefense.org

The Nebraska Criminal Defense Attorneys Association is a membership organization available to any Nebraska-licensed attorney who practices criminal defense in Nebraska state and/or federal courts. **Those who are regularly employed as an attorney for any law enforcement agency of for any office which prosecutes criminal offenses are ineligible to be a member of NCDA.**

2019 MEMBERSHIP FORM

Name _____

Bar Number _____ NE Bar Admit Date _____

Address _____
Street, City, State, Zip

Phone Number _____

Email for Listserv _____

Staff/Second Email _____
(to be used for sending announcements / registrations / renewals)

Membership Categories (please mark appropriate category)

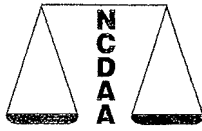
- _____ First year of practice in Nebraska FREE
- _____ 13+ months of practice in Nebraska \$200.00
- _____ I am a (deputy) public defender in Nebraska. Please send me an invoice to provide the county.

BY COMPLETEING THIS FORM, I ACKNOWLEDGE THE FOLLOWING:

1. I MEET THE ELIGIBILITY REQUIREMENTS TO BE A MEMBER OF NEBRASKA CRIMINAL DEFENSE ATTORNEYS ASSOCIATION
2. I HAVE REVIEWED THE NCDA LISTSERV POLICY* AND AGREE TO FOLLOW IT
3. IT IS MY RESPONSIBILITY TO CONTACT THE NCDA OFFICE IF MY CONTACT INFORMATION CHANGES OR I BECOME A PROSECUTOR, JUDGE, OR ANY OTHER CHANGE THAT MAKES ME INELIGIBLE TO REMAIN AN NCDA MEMBER.

*NCDA Listserv policy can be found at <http://nebraskacriminaldefense.org/join-ncda/>

IMPORTANT NOTICE: One of the provisions of the 1993 Revenue Reconciliation Act causes a portion of your Nebraska Criminal Defense Attorneys Association (NCDA) dues to be non-deductible to you. Because NCDA engages in legislative lobbying on behalf of its members, 35% of your dues will NOT be deductible as a business expense. Under no circumstances are dues, contributions, or gifts to NCDA tax deductible as charitable contributions. If you have any questions, please contact NCDA.



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SIGN UP FOR AUTOMATIC RENEWAL AND SAVE \$25.00 OFF A 2019 NCDAA SEMINAR

Complete and mail the following with your renewal

Name on Card _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____

City _____ State _____ Zip Code _____

Authorized Signature _____

I WOULD LIKE TO BE INVOLVED WITH THE FOLLOWING:

NAME: _____

_____ Legislative Committee
Participate in weekly phone calls during the session, testify before Legislature's
Committees, write Op-Ed / letters to senators upon request

_____ I would like to receive the Daily Tracking Sheets during the Legislative Session, but am
unable to sit on the committee

_____ *Habeas Corpus* Committee
Assist with editing, formatting, and distributing each issue

_____ Website / Social Media Committee
Assist with updates and postings

_____ Presenting at Boot Camp
Outlines and PowerPoints are available for each topic

_____ Sit on the NCDAA Board of Directors
Full Board meets four (4) times a year; Executive Board meets every month