



**2018-2019 Membership Application\***

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Firm/Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

P# \_\_\_\_\_

**Membership Dues**

- \$550 Constitutional Warrior
- \$275 Sustaining
- \$140 Attorney Practicing more than 5 years
- \$85 Attorney Practicing less than 5 years
- \$85 Associate (Paralegal, Investigator, Bail Bondsman, Mitigation Expert, etc.)
- \$35 Law Student

**Donations**

- \$ \_\_\_\_\_ General Fund: Assists with general operating costs (100% tax deductible)
- \$ \_\_\_\_\_ Spuhler Scholarship Fund: Provides education tuition for attorneys (100% tax deductible)
- \$ \_\_\_\_\_ Action Fund: Educates policymakers and the public about defense policy issues (100% tax deductible)

\$ \_\_\_\_\_ Total

**Payment**

credit card or by  check check# \_\_\_\_\_ \$ \_\_\_\_\_

**\*Membership renews one year from date of joining.**

Name that appears on credit card if other than your name \_\_\_\_\_

Credit Card Type  Visa  MasterCard  AMEX Amount \$ \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Would you like this transaction to be emailed address listed above?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail application to CDAM ♦ P.O. Box 279 ♦ Davison, MI 48423  
Or renew online at [www.cdamonline.org](http://www.cdamonline.org)