



2023-2024 Membership Application*

First Name _____ MI _____ Last Name _____

Firm/Business Name _____

Address _____

City _____ County _____ State _____ Zip _____

Telephone _____ Cell Phone _____

Fax _____ Email _____

P# _____

Membership Dues

- Membership options: \$550 Constitutional Warrior, \$275 Sustaining, \$140 Attorney Practicing more than 5 years, \$85 Attorney Practicing less than 5 years, \$85 Associate, \$35 Retired Criminal Defense Attorney, \$35 Law Student.

Donations

- Donation options: General Fund, Spuhler Scholarship Fund, Action Fund, Total.

Payment

Payment options: 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