



CHIEF DEFENDERS ASSOCIATION OF NEW YORK

DUES STATEMENT

Office: _____

Chief Defender: _____

Number of Assistant Attorneys: _____

(Please use separate page or send Excel spreadsheet to CDANYoffice@gmail.com with names and e-mail addresses of assistants.)

Budget Size & Dues Amount:

Office Criminal Defense Budget Size	Dues Amount
<input type="checkbox"/> Under \$500,000	\$100
<input type="checkbox"/> \$500,000 - \$1,000,000	\$250
<input type="checkbox"/> \$1,000,000 - \$2,000,000	\$500
<input type="checkbox"/> \$2,000,000 - \$4,000,000	\$750
<input type="checkbox"/> \$4,000,000 - \$6,000,000	\$1,000
<input type="checkbox"/> \$6,000,000 - \$8,000,000	\$1,250
<input type="checkbox"/> \$8,000,000 - \$10,000,000	\$1,500
<input type="checkbox"/> \$10,000,000 - \$20,000,000	\$2,500
<input type="checkbox"/> \$20,000,000+	\$5,000

Important Note: If you have questions or need assistance affording membership, contact CDANY at (518) 407-5720 or CDANYoffice@gmail.com. Memberships expire 12/31/2020.

Payment Information *(please choose one):*

Payment Enclosed - Check payable to Chief Defenders Association of New York

Please Send Invoice

Please forward application and dues statement to **Chief Defenders Association of New York, PO Box 1126, Albany, NY 12201.**