



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 12/31/2021.

Payment Information (please choose one):

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

Payment Enclosed - Please Charge Credit Card Below

Name On Card: _____

Card Number: _____ Exp Date: _____ CVV: _____

Billing Address: _____

Signature: _____

Please Send Invoice

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