



Christie Hedman, Executive Director

Membership Form

Name: WSBA # (if applicable):

Organization:

Mailing Address:

City, State, Zip: Telephone:

Primary County of Practice: Additional Counties:

E-mail: % of work devoted to public defense: %

Type of Provider (circle all that apply): Attorney Investigator Social Worker Other

Area of Practice (check all that apply):

Table with 4 columns: Area of Practice, Practice Area, and Becca. Rows include Civil Commitment, Children's Representation, Contempt of Court, etc.

Membership Payment and Donation

\$300.00 for 2019 - 2020 membership (July 1, 2019 - Dec. 31, 2020)
\$200.00 for 2019 membership (January 1, 2019 - Dec. 31, 2019)
Optional Tax-Deductible Donation (\$50.00 Suggested)
Total

I understand that the resources provided by WDA are intended for those engaged in public defense. I affirm that i do not work in an adversarial role to defense practitioners. Furthermore, i certify that i will not allow WDA's resources to be accessible to those engaged in any aspect of the prosecutorial function...

Signed

Please mail this form and your membership payment to WDA at the address above.