

**REQUEST FOR UPDATED INFORMATION  
FOUNDING MEMBER**

Please print out this form and mail or fax to the address or fax number below.

**National College for DUI Defense, Inc.**

445 S. Decatur St.  
Montgomery, AL 36104  
Tel: 334-264-1950  
Fax: 334-264-1920

1. Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_  
Bar Number/State \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Website \_\_\_\_\_

2. Are you actively licensed by and in good standing with your State Bar Association or other licensing authority?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "no", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you want to be listed on the NCDD Website?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you want to participate in the NCDD email listserver?

Yes \_\_\_\_\_ No \_\_\_\_\_

Email address to use for the listserver if different from the primary email address:

\_\_\_\_\_

5. Do you want to receive future mailings of seminar brochures and newsletters from the NCDD?

Yes \_\_\_\_\_ No \_\_\_\_\_

Executed at \_\_\_\_\_, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_

Voluntary Contribution to NCDD Scholarship Fund

Checks made payable to: The National College for DUI Defense, Inc.

\_\_\_\_ Enclosed find a check for \$\_\_\_\_\_ for a Voluntary Contribution to NCDD Foundation.

Charge \$\_\_\_\_\_ for a Voluntary Contribution to NCDD Scholarship Fund to my:

\_\_\_\_ Visa #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_ MasterCard #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_ Amer. Express #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (for credit cards only)

\_\_\_\_\_

Billing Address for Credit Card:

\_\_\_\_\_

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