

**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 Scholarship Fund.

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:
