

**REQUEST FOR UPDATED INFORMATION
SUSTAINING 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 _____
Would you like to be added to the NCDD Yahoo Groups Listserv? Yes _____ No _____
Email for NCDD Office and NCDD Website: _____
Email for NCDD Yahoo Groups Listserv: _____ (if different from above)

2. Since your last update, have you been arrested, prosecuted, convicted or received a “deferred” or “diverted” disposition on any charge involving drug/substance/alcohol use or abuse?
Yes _____ No _____
If “yes”, please explain:

3. Since your last update, have you had a complaint/charge made against you by your State Bar Association or licensing authority arising from drug/substance/alcohol use or abuse?
Yes _____ No _____
If “yes”, please explain:

4. Since your last update, have you been convicted or received a “deferred” or “diverted” disposition of any crime involving moral turpitude?
Yes _____ No _____
If “yes”, please explain:

5. Since your last update, has your Bar Association or licensing authority conducted any investigation or inquiry based upon complaints, have you been subject to disciplinary action by your bar association, or has your license been suspended for any period of time? Yes _____ No _____
If “yes”, please explain:

6. Are you presently serving in any capacity (either part time or full time) in a law enforcement or prosecution agency (Example: reserve duty or municipal prosecutor)?

Yes _____ No _____

If "yes", please explain:

7. I understand that any future service in any branch of law enforcement or as a prosecutor of state, county, district, or municipal ordinances or statutes requires immediate disclosure to NCDD and termination of my membership.

Yes _____ No _____

8. Have you attended at least one seminar in the last two (2) years sponsored or co-sponsored by NCDD or a State seminar approved by and listed on the NCDD website?

Yes _____ No _____

If "yes", please list:

I have read the sustaining membership rules and I understand and agree to be bound by them. I declare under penalty of perjury that the foregoing two (2) pages are true and correct to the best of my knowledge.

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:

