

CRIMINAL DEFENSE INVESTIGATION TRAINING COUNCIL



Membership Application

Annual Dues: \$50 – General \$25 -Student/Intern

Submit Check or Money Order to;
CDITC 416 SE Balboa Street, Suite 2
Stuart, Florida 34994 - 1-800-465-5233

Member Type: () General Member () Student/Intern

Applicant Name: _____ Date of Birth: ____/____/____

Address: _____ Telephone: _____

_____ Cell: _____

_____ Email: _____

Employer: _____ Position: _____

License Held: _____ License #: _____

Are you a student/intern? _____ Training Institution/School: _____

Have you been qualified as an expert by the court? _____ Discipline: _____

Certifications/Special Qualifications: _____

Education: _____

Experience/Criminal Defense: (Attach a profile or curriculum vitae if necessary) _____

How did you hear about us? _____

What are your future goals in the Criminal Defense field? _____

Signature of Applicant: _____ Date of Application: _____

I certify that the above information is true and correct and that I will maintain the highest level of integrity. I further understand that my membership can be terminated upon a finding of fact by the Advisory Board regarding any and all unethical behavior or actions inconsistent with the philosophy of the Council. A formal finding or conviction of perjury or false reporting being the basis for an immediate dismissal.