

**RENEWAL FORM
GENERAL MEMBERSHIP**

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 Pilar V. Espinosa

If no changes in #1, please skip to #2.

Address _____

City/State/Zip _____

Telephone _____ Facsimile _____

Bar Number/State _____

E-Mail Address _____

Website _____

Would you like to be on the NCDD Yahoo Groups Listserver? Yes _____ No _____

Email for NCDD Office and NCDD Website: _____

Email for NCDD Yahoo Groups Listserver: _____ (if different from above)

2. Since your last application, 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 application, 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 application, 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 application, 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 my immediate disclosure to NCDD and termination of my membership.

Yes No _____

yes I understand

8. I certify that I have attended the following NCDD sponsored or co-sponsored seminar(s) or State seminar(s) approved by NCDD and listed on the NCDD website in the last two (2) years. (Required of all members as of 1/1/06)

Yes _____ No

If "yes", please list: **You must state the approved seminar(s) attended**

I have read the general 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 27 day of May, 2008.

Signature _____

Printed Name: _____

J Espinosa

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

Enclosed find a check for \$175.00 for annual dues.

_____ Enclosed find a check for \$ _____ for a Voluntary Contribution to NCDD Scholarship Fund.

100 - Hidalgo County Public Defenders

Charge \$175.00 annual dues.

Charge \$ _____ for a Voluntary Contribution to NCDD Scholarship Fund.

Charge the above amount(s) 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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Tel: 334-264-1950

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1. Name JAIME EDUARDO GONZALEZ

If no changes in #1, please skip to #2.

Address 100 E. CANO, SUITE 206

City/State/Zip EDENBURG, TX 78539

Telephone (956) 292-7040 Facsimile (956) 292-7049

Bar Number/State TX: 20455561

E-Mail Address JIMMY.GONZALEZ @ CO. HIDALGO. TX. US.

Website N/A

Would you like to be on the NCDD Yahoo Groups Listserver? Yes No

Email for NCDD Office and NCDD Website: JIMMY.GONZALEZ @ CO. HIDALGO. TX. US.

Email for NCDD Yahoo Groups Listserver: JEGONZALEZ64 @ YAHOO.COM (if different from above)

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Executed at 1:15pm, this 27th day of MAY, 2008.

Signature _____

Printed Name: JADNE E. GONZALEZ

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The National College for DUI Defense, Inc.

Enclosed find a check for \$175.00 for annual dues.

Enclosed find a check for \$ _____ for a Voluntary Contribution to NCDD Scholarship Fund.

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Charge \$ _____ for a Voluntary Contribution to NCDD Scholarship Fund.

Charge the above amount(s) to my:

____ Visa #: _____ Exp. Date _____
____ MasterCard #: _____ Exp. Date _____
____ Amer. Express #: _____ Exp. Date _____

Signature (for credit cards only)

Billing Address for Credit Card:

