



Texas Criminal Defense Lawyers Association

Membership Application

(Effective 3/7/2015)

Reg. # 369185
A.I. # 64240

Contact Information

Your membership is effective upon approval of application and receipt of annual membership dues. Please allow two to four weeks for confirmation and certificate receipt.

Mr. Ms. Mrs.

Name (first, middle, last) Kristalee Guerra Mata

Date of Birth 7/16/76

Ethnicity Hispanic

Address 100 N. Clossner, 5th Floor

City, State, Zip Edinburg, TX 78539

County Hidalgo

Phone (956) 292-7040

Fax (956) 292-7049

Company Hidalgo County Public Defender's Office

Email kristalee.mata@co.hidalgo.tx.us

Website us

Bar Card Number/Date 24041018

Affiliate Association _____

* These questions are optional and for internal statistics only. The information provided will not be distributed at any time.

Nominating Endorsement (must be completed for new members)

As a current member of TCDLA, I believe this applicant to be a person of professional competency, integrity and good moral character.

Printed Name of Endorser JAMES E HONZAR

Signature of Endorser 

Communication Preferences (legislative, SDRs, seminars, events, and other announcements related to criminal defense)

Exclude me from fax communication Exclude me from email communication

Membership Category

Please check appropriate category. Prices are for one year.

- First-time member **REG** • \$100 for each of the first two years
- Voluntary sustaining member (required for TCDLA officers and directors) **VS** • \$330
- TCDLA past president member **PPRES** • \$100
- Law student member **STU** • \$20
- Affiliate member **AFF** • \$80
 - Paralegal **PARAL** Investigator **INV** Expert **EXP** Other (law professors and other persons approved by the board of directors)

- Regular member (renewal) **REG** • \$180
- Sustaining member (required for TCDLA associate directors) **SUS** • \$230
- Distinguished member (70+) **DIS** • \$80
- Public defender member (must be a PD employee) **PD** • \$60
 - Texas or Federal

I would like to donate to the TCDLEI scholarship fund, 501(c)(3) organization, in the amount of \$_____.

Tax Notice: Dues to TCDLA are not deductible as a charitable contribution. As an ordinary business expense the non-deductible portion of membership dues is 25% in accordance with IRC sec. 6033.

Lawyer Locator

Yes! Include me in the online Lawyer Locator.* You may list up to three areas of specialty in criminal defense law for public access (example: DWI, sexual assault, appeals).

***Disclaimer:** Provider makes no promises, guarantees, or warranties regarding the attorneys listed on its Lawyer Locator. Said attorneys are TCDLA members who have requested inclusion on provider's website to provide the public with choices for possible legal services. Provider expressly disclaims all warranties, including the warranties of merchantability, fitness for a particular purpose, and non-infringement. Moreover, content contained on or made available through this website is not intended to and does not constitute legal advice, and no attorney-client relationship is formed. The accuracy, completeness, adequacy, or currency of the content is not warranted or guaranteed. Your use of information on the website or materials linked from the website is at your own risk.

Payment Method

Automatic Renewal—save \$20 annually in select categories (regular, sustaining & voluntary sustaining members). As the account holder at the financial institution I have designated for Automatic Draft, I authorize TCDLA to automatically draft the account I have designated and I authorize my financial institution to debit my payments automatically from the Draft Account on the date that the payment is due. I further understand and agree as follows: This authorization will remain in effect until TCDLA receives a written notification of cancellation at least 10 business days in advance of the next payment due date.

Check payable to TCDLA Credit card (Visa, Mastercard, Amex, or Discover)

Credit Card Number _____

Expiration Date _____

Name on Card _____

Signature _____

Join

Renew online at www.tcdla.com or mail completed form with payment to **TCDLA Membership • 6808 Hill Meadow Drive • Austin, Texas 78736**

TCDLA office use only
Amount: _____ Check/cc: _____ Entered by: _____ Date: _____



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Mr. Ms. Mrs.

Name (first, middle, last) JAME EDUARDO GONZALEZ

Date of Birth* 3/5/77

Ethnicity* HISPANIC

Address 100 N. CLOSER-5TH FLOOR

City, State, Zip EDINBURG, TX 78539

County HIDALGO

Phone (936) 292-2040

Fax (936) 292-2049

Company PUBLIC DEFENDER'S OFFICE

Email JIMMY.GONZALEZ@CO.HIDALGO.TX.US

Bar Card Number/Date 24036654

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Printed Name of Endorser JOSE L. BRAVO

Signature of Endorser Jose Bravo

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