



CRIMINAL DEFENSE INVESTIGATION TRAINING COUNCIL – Membership Application

www.CDITCTraining.com

Annual Dues: \$ 50.00 – Membership

Member Type: General Member

Pay online or Submit Check to;

CDITC P.O. Box 892

Stuart, Florida 34994 - 1-800-465-5233

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

Address: _____ Telephone: _____

_____ Cell: _____

_____ Email: _____

Employer: _____ Position: _____

_____ Title: _____

_____ Website: _____

License Held: _____ License #: _____

Are you a student/intern? _____ If so, training institution: _____

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

Certifications/Special Qualifications/ Have you completed CDITC Training? If so, list courses: _____

Education: _____

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

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.