



# Application for Associate Membership in the Pennsylvania District Attorneys Association



Name: \_\_\_\_\_

Title: \_\_\_\_\_

Attorney ID #: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Birthday (Month/Day): \_\_\_\_\_

**Preferred Place of Contact:**    Home ☐    Office ☐

*The PDAA staff is available to answer your questions  
Phone: 717-238 5416 • Email: [pdaa@pdaa.org](mailto:pdaa@pdaa.org)*

Please describe your prosecution or related criminal justice experience, including positions held and terms of employment:

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Please provide reason for pursuing membership in the Pennsylvania District Attorneys Association:

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**Return your completed form to the:**

Pennsylvania District Attorneys Association  
2929 North Front Street  
Harrisburg, PA 17110

**Or email your form to:** [pdaa@pdaa.org](mailto:pdaa@pdaa.org)

Please note that certain applications require a vote by the PDAA Executive Committee which meets quarterly. In order to present your application to the Committee please return this form by the following dates so it can be submitted for review.

**February 1 • April 1 • July 1 • October 1**