

## Application for Full Membership

Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

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

Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Business Name/Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Parish Church \_\_\_\_\_ Diocese \_\_\_\_\_

Date when licensed to practice law and state or country where licensed

\_\_\_\_\_

Area(s) of practice \_\_\_\_\_

**Full Membership** is open to all members of the legal profession who are in full communion with the Catholic Church. **Associate Membership** is open to anyone regardless of profession or religious affiliation. **This application is for Full Membership.**

*I declare that I am and intend to remain a Catholic of full communion with the Catholic Church. I will accept and abide by the Articles of Association and by-laws of this society and that I will maintain the ethics and ideals of the legal profession as befits a Catholic.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return this form and membership fee of \$75 to (*Checks should be made payable to The International Catholic Lawyers Society*):

The International Catholic Lawyers Society  
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Columbus School of Law  
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