

ST. THOMAS MORE CATHOLIC LAWYERS' ASSOCIATION

FOUNDED July 26, 1956



APPLICATION FOR MEMBERSHIP

Full Name: _____

Office Address: _____

Email Address: _____

(Applicant Consents to have notices sent to this email address)

Home Address: _____

Phone Number: _____

Alternate Phone Number: _____

Catholic Parish: _____ Pastor's Name: _____

Check Classification:

Practicing Attorney Judge Teacher Student Government Service

I solemnly declare that I am a practicing Roman Catholic and intend to remain such; that I will accept and abide by the Charter and By Laws of The St. Thomas More Catholic Lawyers Association; and that I will maintain the ethics and ideals of the legal profession as befits a Catholic lawyer.

Signature

Date

Actions by Committee and Association

Application approved by Committee and Association on this ___ day of ____,
20__.

Secretary of the Association

Annual Dues: \$10 (Law Student); \$25 (admitted less than 10 years)
\$75 (admitted more than 10 years)

Please return and make all remittances payable to:
St. Thomas More Catholic Lawyers' Association
Attn. Lauren Favret, Treasurer
1515 Poydras, Suite 1400
New Orleans, LA 70112