



CANON LAW SOCIETY OF AMERICA

MEMBERSHIP APPLICATION FORM

ALL ASTERISKED (*) FIELDS ARE REQUIRED

OFFICE USE ONLY:

ID #: _____

Check #: _____

CC Auth.: _____

Received: _____

Replied on: _____

Initials: _____

NAME*: _____
(Title) (Last) (First) (MI)

ADDRESS*: _____

ARCH/DIOCESE: _____

RELIGIOUS COMMUNITY & INITIALS: _____

CONTACT INFORMATION:

EMAIL*: _____

OFFICE PHONE*: _____

HOME PHONE: _____

FAX: _____

CHECK ONE*:

- Catholic Latin Rite
- Eastern Catholic (specify Rite): .
- Non Catholic (specify): _____

MEMBERSHIP STATUS (CHECK ONE)*:

- Active membership as a canon lawyer with degree: \$250
- Associate membership: \$250
- JCL Student: \$125

School*: _____;

Anticipated Grad. Date*: _____

CHECK ONE*:

- Bishop
- Priest, secular
- Deacon, transitional
- Priest, religious
- Religious brother
- Religious sister
- Lay woman, married
- Lay woman, single
- Deacon, permanent
- Lay man, married
- Lay man, single
- Prefer not to answer

EDUCATION* (please list canonical degrees first):

Earned Degree	School	City/State	Year of Degree
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_____	_____	_____	_____
_____	_____	_____	_____

CANON LAW CAREER HISTORY*:

Position	Organization	City/State	Years from/to
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_____	_____	_____	_____
_____	_____	_____	_____

INDICATE FIELDS OF CANONICAL MINISTRY:

- Chancery, institutional administration
- Teaching
- Religious Law
- Tribunal
- Other (specify): _____

LIST THREE PRINCIPAL AREAS OF YOUR CANON LAW

INTERESTS (e.g. marriage, property, vows):

(1) _____ (2) _____

(3) _____

You may pay the indicated amount (see Membership Status) either by check (payable to: Canon Law Society of America), money order or credit card. If you would like to pay by credit card (Visa or MasterCard) please fill out the information below.

Card #: _____ Exp. Date: _____

Billing Address (if different than above): _____

Return this form together with initial dues to:

Office of the Executive Coordinator
 Canon Law Society of America
 415 Michigan Avenue, NE, Suite 101
 Washington, DC 20017-4502
 (202) 832-2331 fax