



THE LAWYERS GUILD

OF THE CATHOLIC
DIOCESE OF CLEVELAND

MEMBERSHIP ENROLLMENT FORM CONTACT INFORMATION

Name: _____

Company/Organization: _____

E-mail (*primary form of communication*): _____

Preferred Mailing Address: _____

City/State/Zip: _____

Preferred Telephone: _____

Parish: _____

Law School: _____ Year of Graduation: _____

Primary Area of Practice: _____

MEMBERSHIP DUES: \$100 LAWYER | \$20 LAW STUDENT

PAYMENT OPTIONS (PLEASE CHECK ONE):

Check made payable to *The Lawyers Guild*

Credit Card: American Express MasterCard VISA Discover

Card #: _____

Three-digit code: _____ Expiration Date: _____ / _____

Print Name (as it appears on card): _____

Signature: _____

TOTAL AMOUNT PAID: _____

PLEASE SEND WITH PAYMENT TO:

THE LAWYERS GUILD

1404 E. NINTH STREET • 7TH FLOOR • CLEVELAND, OHIO 44114

FOR MORE INFORMATION, CONTACT:

KRISTEN CRAIG AT 216-696-6525 x4440 OR E-MAIL: KCRAIG@DIOCESEOFCLEVELAND.ORG