

Membership Enrollment Form

CONTACT INFORMATION:		
Name:		
Company/Organization:		
E-mail (primary form of communication):		
Preferred Mailing Address:		
City/State/Zip:		
Preferred Telephone:		
Parish:		
	Year of Graduation:	
Law Jenoon.		rear of Graduation
PRIMARY AREAS OF PRACTICE: (please ra	nk vour top 3 areas of practice on the	corresponding line)
-	Estate Planning,	Mediation
Appellate Practice	Probate & Trusts	Patent Law
* *	Exempt, Non-Profit Law	Personal Injury
2	Family Law	Probate Administration
* *	Federal Criminal	Product Liability
Business Transactions	Prosecution	Professional Liability
Canon Law	General Practice	Real Estate Law
Commercial Law	Government	Science & Technology
Construction Law	Health Care	Securities
Consumer Law	Immigration Law	Social Security
Corporation & Business	Insurance Law	Tax Law
Criminal Law	Intellectual Property	Toxic Tort
Disability Law	International Business	Trademark Law
Education Law	Juvenile Law	Transportation Law
Elder Law	Labor & Employment	Workers' Compensation
Environmental Law	Litigation	
Membership dues: \$50 Lawyer \$2	O LAW STUDENT	
•		Please send WITH paymen
ENT OPTIONS (please check one):		THE LAWYERS GUILD
ck made payable to <i>The Lawyers Guild</i> it Card: □ American Express □ MasterCard □ VISA □ Discover		1404 E. NINTH STREET,
		FLOOR CLEVELAND, OHIO 4 FAX: 216.348.0740
Card #:		E-mail: crigo@
		CatholicCommunity.o
Three-digit code: Expiration	Date: LL/LL	If you need more informa
Print Name (as it appears on card):		CONTACT COLLEEN RIGO
Signature:		216.696.6525, X4080.

Total Amount Paid: ___