

# CANON LAW SOCIETY OF AMERICA

## MEMBERSHIP APPLICATION FORM

Office Use Only:

Name: \_\_\_\_\_  
(Last) (Title) (First) (Middle)

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Arch/Diocese: \_\_\_\_\_  
 Religious Community & Initials: \_\_\_\_\_

**Phone Information:**  
 Office (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Home (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Check one:**

<input type="checkbox"/> Bishop	<input type="checkbox"/> Lay woman, married
<input type="checkbox"/> Priest, secular	<input type="checkbox"/> Lay woman, single
<input type="checkbox"/> Deacon, transitional	<input type="checkbox"/> Deacon, permanent
<input type="checkbox"/> Priest, religious	<input type="checkbox"/> Lay man, married
<input type="checkbox"/> Religious brother	<input type="checkbox"/> Lay man, single
<input type="checkbox"/> Religious sister	

**Check one:**

Catholic Latin Rite

Eastern Catholic (specify Rite): \_\_\_\_\_

Non Catholic (specify): \_\_\_\_\_

**Check one:**

Active membership as a canon lawyer with degree: \$200.00

Associate membership: \$200.00

Associate seeking active membership: \$200.00

JCL Student: \$100.00; School \_\_\_\_\_

EDUCATION: EARNED DEGREE	SCHOOL	CITY/STATE	YEAR OF DEGREE
_____	_____	_____	_____
_____	_____	_____	_____

(add additional information on back)

CANON LAW CAREER HISTORY (List in Chronological order beginning with current position)			
POSITION	ORGANIZATION	CITY/STATE	YEARS FROM / TO
_____	_____	_____	_____
_____	_____	_____	_____

(add additional items on back)

**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. \_\_\_\_\_

**Regional meeting(s) I would attend:**

<input type="checkbox"/> Eastern	<input type="checkbox"/> Northwestern
<input type="checkbox"/> Midwestern	<input type="checkbox"/> Texas Conference of Canonists
<input type="checkbox"/> New Orleans/Mobile	<input type="checkbox"/> Western

Credit Card:  Visa  MasterCard

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Return this form together with initial dues (check payable to: *Canon Law Society of America*) to:  
**Office of the Executive Coordinator, CLSA, The Hecker Center, Suite 111**  
**3025 Fourth Street, NE, Washington, DC 20017-1102, USA**