ST. THOMAS MORE SOCIETY OF THE INDIANAPOLIS DIOCESE

MEMBERSHIP FORM

Use this form to pay your annual Dues and update your Membership Record.

New members may use this form to join the Society.

| Name: |
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| Firm, Company or Court: |
| Street Address or P.O. Box: |
| City, State and Zip: |
| |
| Telephone: Fax: |
| Email: |
| Home Street Address: |
| City, State and Zip: |
| Home Telephone: |
| Parish: |
| Preferred Address for Society Mailings (check one): Business Home |
| Date of Application: Year Admitted to Bar: |
| Law Student? Year Retired from Practice? |
| ☐ Please check box if you do not want your membership publicized. |
| Please accompany this application with current dues. Annual dues are \$50 for active, auxiliary, and associate memberships, and \$20 for law students. Please make checks payable to St. Thomas More Society . Thank you! |
| Return application and check to: |

Return application and check to:

David Henn

Henn Haworth Cummings
625 North Madison Ave., Ste. A

Greenwood, IN 46142

Tel: (317) 885-0041 Fax: (888) 308-6503 David.Henn@HHCFirm.com

p.s. If you know of others who might want to become members, please provide their information on the back of this form.