



CATHOLIC LAWYERS GUILD OF QUEENS COUNTY

Membership Application

☐ Renewal ☐ New Member

Name: _____
Last First M.I

Office Address: _____

Law Firm/Employer: _____

Home Address: _____

Phone - Home: _____ Office: _____ Cell: _____

E-mail address(es): _____

Parish Name: _____

Parish Address: _____

Law School: _____

Admission to New York State Bar - Year: _____ Department: _____

Other Bar Admission(s) & Date(s): _____

Area(s) of Concentration: _____

Preferred Address for Notices: ☐ Home ☐ Office ☐ Email

Preferred Phone for Contact: ☐ Home ☐ Office ☐ Cell

I am a Member in Good Standing of the New York State Bar.

Applicant Signature: _____ Date: _____

Membership Dues Must Accompany This Application.

Dues Schedule

\$75.00 – Members admitted 5 years or more

\$20.00 – Members admitted less than 5 years

\$10.00 – Student Members

Any voluntary contribution to our Scholarship Fund would be greatly appreciated.

Please Mail the Completed Application along with Dues to:

Catholic Lawyers Guild of Queens County

% Prof. Dennis Cappello

8304 54th Avenue, Apt. 2

Elmhurst, New York 11373-4748