

Tom Homann Law Association

MEMBERSHIP APPLICATION

NAME:		FIRM:	
MAILING ADDRESS:	<input type="checkbox"/> CONFIDENTIAL	CITY, STATE ZIP:	
EMAIL:	<input type="checkbox"/> CONFIDENTIAL	TELEPHONE/FAX:	<input type="checkbox"/> CONFIDENTIAL
		/FAX	
AREAS OF PRACTICE OR SPECIALTIES:	INTERESTS OR HOBBIES:		

YEARLY MEMBERSHIP RATES

Attorney, more than five years:	\$55.00
Attorney, fewer than five years:	\$45.00
Other Legal Professional:	\$20.00
Community Member:	\$20.00
Student:	\$15.00
Judges, Commissioners and Referees:	No Charge
Sustaining Member:	\$250.00
Supporting Member:	\$100.00
Voluntary Donation to Scholarship Fund:	\$15.00

CONTACT PREFERENCES

WOULD YOU LIKE EMAIL NOTIFICATION OF MEETINGS AND OTHER THLA EVENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	THLA'S NEWSLETTER DELIVERY: <input type="checkbox"/> EMAIL <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> BOTH
WOULD YOU LIKE YOUR INFORMATION LISTED IN THE MEMBERSHIP DIRECTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU LIKE YOUR INFORMATION LISTED ON THE WEBSITE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU INTERESTED IN VOLUNTEER OPPORTUNITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW WERE YOU REFERRED TO THLA?

STUDENTS

LAW SCHOOL/PARALEGAL PROGRAM:	ANTICIPATED DATE OF GRADUATION:
AREAS OF INTEREST:	

Please complete this form and return it with your payment to the address listed below, or go to www.thla.org and complete your membership application online.

Thank you!