



2016-2017 MEMBERSHIP INFORMATION FORM

NAME: _____

FIRM: _____

AREA OF PRACTICE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ CELL: (_____) _____

FAX: (_____) _____

E-MAIL _____

GRAD YR.: _____

MAY WE INCLUDE THIS INFO IN OUR NEXT ALUMNI DIRECTORY? **YES** **NO**

ARE YOU INTERESTED IN VOLUNTEERING FOR THE CMLAA? **YES** **NO**
(circle one)

Membership Category:

___ General Membership: **FREE**

___ Sustaining Membership: \$125 per year (expires one year after issuance)

___ Life Membership: one payment of \$1,200, or
5 years @ \$300 per year, or 10 years @ \$180 per year

PLEASE RETURN TO:

CMLAA MEMBERSHIP COMMITTEE

Email: CMLAACLE@gmail.com ~or~ FAX:216-687-6881

C|M|LAW ALUMNI ASSOCIATION
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CLEVELAND, OH 44115