

# 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
		<b>/FAX</b>	
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:	\$30.00
Community Member:	\$30.00
Student:	\$15.00
Judges, Commissioners and Referees:	No Charge
Sustaining Member:	\$250.00
Supporting Member:	\$100.00
<b>Voluntary Donation to Scholarship Fund:</b>	<b>\$15.00</b>

## 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	

## 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](http://www.thla.org) and complete your membership application online.*

*Thank you!*