

LSM ANNUAL REPORTING
FORM

LSM ANNUAL REPORTING FORM

This form provides essential information needed by Law Student Ministries (LSM) of the Christian Legal Society (CLS). Please save the LSM staff a great deal of time and effort by completing this form and mailing it by April 30th to:

**CLS Law Student Ministries
8001 Braddock Rd, Suite 300
Springfield, VA 22151**

* * * * *

School: _____

**Date Form
Submitted:** _____

I. Person Completing this Form

Name: _____

Address: _____

Telephone: _____ **FAX:** _____

E-mail: _____

II. Affiliation Status of the Christian Law Fellowship (CLF)

Has the Christian Law Fellowship at your law school or college ever formally affiliated with the Christian Legal Society? Check one:

- ☐ **Yes** Sometime in the past, the CLF submitted signed Student Chapter Bylaws and an Affiliation Agreement to CLS or LSM.
- ☐ **No** If the CLF desires to formally affiliate with CLS, see Chapter 1, section II of the Student Chapter Manual.
- ☐ **Not Sure** Contact LSM at (703) 642-1070, ext. 3300/3303 (telephone) or at lsm@clsnet.org (e-mail) to find out affiliation status and proceed from there.

III. LSM Student Kick-Off and LSM Resource Packet Program

Starting in mid-August of every year, LSM launches its Student Kick-Off and LSM Resource

Packet Program. This program consists of one or more resource mailings to a designated student leader (known as the Key Contact) or to the chapter advisor of each Christian Law Fellowship. The most important item in the package is the Student Chapter Manual. Please provide the following information on the person who has agreed to be the Key Contact, that is, the person who has agreed to receive the Student Kick-Off and LSM Resource mailing:

Name: _____

Position (advisor, student leader, etc.): _____

Address (after Aug. 15th): _____

Telephone: _____ FAX: _____

E-mail: _____

IV. Chapter Advisor

Does your CLF/Chapter have a CLS attorney, CLS law professor or staff member of another campus ministry serving as an advisor? Check one:

☐ No Contact LSM at (703) 642-1070, ext. 3300/3303 (telephone) or at lsm@clsnet.org (e-mail); the LSM staff will work with you to locate a CLF/Chapter advisor.

☐ Yes If you checked "Yes," please provide the following information on your CLF/Chapter advisor:

Name: _____

Law Firm/Law School/Ministry: _____

Work Address: _____

Telephone: _____ FAX: _____

E-mail: _____

V. Information Needed for the LSM New Attorney Membership Program

The purpose of the LSM New Attorney Membership Program is to insure that the graduating members of your CLF/Chapter make a smooth transition into CLS attorney membership. See Student Chapter Manual, chapter 2, section II(B). Your timely input is essential to make this program a success. **Please make copies of the attached master sign-up sheet (encl. 1) and provide the names, forwarding or permanent addresses, telephone numbers and e-mail addresses of all graduating chapter members.** Such information enables CLS to maintain contact with the graduating students, providing them with new attorney membership packets and linking them up with CLS attorney chapters or members in close proximity to their new addresses.

MASTER SIGN-UP SHEET FOR GRADUATING MEMBERS

Law School: _____

Date Sheet
Submitted: _____

Please make copies of this sign-up sheet and provide the requested information for
all graduating CLF/Chapter members:

* * * * *

Name of Graduating Student/Month & Year of Graduation: _____

Temporary Address

Permanent Address

Dates: _____

Effective date: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

* * * * *

Name of Graduating Student/Month & Year of Graduation: _____

Temporary Address

Permanent Address

Dates: _____

Effective date: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

* * * * *

Name of Graduating Student/Month & Year of Graduation: _____

Temporary Address

Permanent Address

Dates: _____

Effective date: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____
