



# CHRISTIAN LEGAL SOCIETY

# MEMBERSHIP RENEWAL FORM

Membership Category:

Dues: \$

Expiration Date:

## PERSONAL INFORMATION

*Please update your information below:*

First Name:

Middle Name:

Last Name:

Salutation:

Full Name:

Organization:

Address:

City:

State:

Zip:

Day Phone:

Email:

Law School:

Graduation Year:

Areas of Practice: *Please log into [www.clsnet.org](http://www.clsnet.org) to view and update your practice codes*

## PLEASE FILL OUT FOR CHANGES TO YOUR CLS MEMBERSHIP

*Choose your category.*

*All dues to CLS are completely tax deductible.*

*Monthly dues are most helpful for CLS.*

*Please circle your preference. Monthly must have credit card.*

*A Christian attorney will not be denied membership to CLS for financial reasons.*

### Membership Categories



Annual

or

Monthly



OR

Name Your Own Rate

☐ Veteran Attorney (6 + years since grad)

\$360

or

\$30

☐ I prefer to join at my own rate of \$\_\_\_\_\_.

☐ Attorney (less than 6 years since grad)

\$240

or

\$20

☐ Law Professor

\$180

or

\$15

☐ Judge

\$180

or

\$15

☐ Public Ministry

\$180

or

\$15

☐ Law Student

\$24

or

\$2

☐ PreLaw Student

\$24

or

\$2

☐ Colleague (non-lawyer, paralegal, etc.)

\$120

or

\$10

☐ Foreign Member

\$60

or

\$5

☐ Retired

\$60

or

\$5

### Sustaining Members

Please consider being a sustaining member in lieu of regular dues. CLS Membership dues meet only about 15 percent of our actual costs. To strengthen our core ministries and help us reach others, we invite you to become a sustaining member. Simply select one of the categories below and enclose your initial dues payment. Thank you!

☐ Silver.....\$50 per month

☐ Gold.....\$200 per month

☐ Platinum.....\$500 per month

☐ Diamond.....\$1,000 per month

## PAYMENT INFORMATION

☐ Check

☐ Credit Card (Please Select Type)

☐ Visa

☐ Mastercard

☐ AmEx

☐ Discover

☐ I do not want to receive renewal notices. Please place my Membership Renewal on the **Automatic Renewal Payment Plan**. CLS may automatically charge my credit card prior to my Membership Expiration Date each year for my Membership Dues. (You may cancel at any time.)

Name on Card: \_\_\_\_\_

Billing Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_