Canadian Canon Law Society
Société canadienne de droit canonique

223 rue Main Street. Ottawa, Canada K1S 1C4

CCLS MEMBERSHIP APPLICATION FORM

(** PLEASE PRINT **)

Name: _____
(Title / First / Last)

Mailing Address: _____

_____

_____

Tel.: Office (_____) _____ Home: (_____) _____

Fax: Office (_____) _____ Home: (_____) _____

E-MAIL: 1) _____

2) _____

Check one:
- ☐ Layman
- ☐ Laywoman
- ☐ Bishop
- ☐ Diocesan Priest
- ☐ Permanent Deacon
- ☐ Transitional Deacon
- ☐ Religious Brother
- ☐ Religious Priest
- ☐ Religious Sister
- ☐ Institution

If applicable: 1) For diocesan clerics: Diocese of Incardination: _____

2) For members of institutes of consecrated life or societies of apostolic life: name of the institute or society and, if any are used after members' names, initials _____

_____

Check one:
- ☐ Latin Catholic
- ☐ Eastern Catholic - please specify the name of the autonomous Church: _____
- ☐ Non-Catholic - please specify the name of the Church: _____

◙ **OVER** ◙

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EDUCATION

Earned degree and date of degree	Name and location of the institution	Inclusive years of attendance

RELEVANT CARREER

Position	Organization	Location	Inclusive years

AREAS OF YOUR CANON LAW INVOLVEMENT (whether or not it is part of your regular work)

Check all which apply
- ☐ Canon law on institute of consecrated life
- ☐ Chancery and other administrative work
- ☐ Teaching
- ☐ Tribunal work
- ☐ Other - please specify: _____

_____

If applicable, attach a sheet with your biography, arranged as follows:

1. Doctoral dissertation: a) title, institution, year
   b) if published in hardcopy or in microfilm, give full bibliographical information
2. The most significant of your other publications: give full bibliographical information

_____

Signed at _____,
(City and Province/State)

On this _____ **day of** _____, _____.
(Day) (Month) (Year)

_____
(SIGNATURE)