

ST. THOMAS MORE SOCIETY OF SAN FRANCISCO
MEMBERSHIP APPLICATION

Date of Application: _____

Name: _____

Firm, Company or Court: _____

Street Address or P.O. Box: _____

City, State and Zip: _____

Telephone: _____

Fax: _____

Email: _____

Home Street Address: _____

City, State and Zip: _____

Home Telephone: _____

Parish: _____

Preferred Address for Society Mailings: **Business** _____ **Home** _____

Year Admitted to Bar: _____

Please accompany this application with current dues. Annual dues are \$100 for attorneys over five (5) years in practice, \$50 for attorneys with five (5) years or less in practice and \$25 for law students. Please make checks payable to **St. Thomas More Society**.

Return application and check to:
Thomas K. Hockel, Treasurer
Kelly Hockel & Klein, P.C.
One Sansome Street, Suite 1800
San Francisco, CA 94104
Phone: (415) 951-0535
Fax: (415) 391-7808
thockel@khklaw.com