CATHOLIC BAR ASSOCIATION

LOCAL AFFILIATE APPLICATION

Affiliate Contact Information:

Affiliate Name: _____

_____

Website: _____

Address: _____

_____

_____

City State Zip

# of Members: _____

Contact Name: _____

Contact Title: _____

Email: _____ Phone: _____

Diocesan Affiliation:

Name of Diocese: _____

Name of Bishop: _____

Name of Chaplain: _____

_____

City State

Has the Bishop of your Diocese written a letter of support?
(Bishop's letter is required and must be submitted with your application.)

☐ Yes
☐ No

To your knowledge is there any other association of Catholic legal professionals in your Diocese?

☐ Yes
☐ No

Does your Diocese sponsor an annual Red Mass? When is the next Red Mass?

☐ Yes What Date? _____ ☐ No

Names of CBA Members:
(Each Local Affiliate must maintain at least one (1) Catholic Attorney Member of the Association.)

Name: _____

☐ A. This member is a current dues paying Catholic Attorney Member of CBA.
☐ B. This is a new CBA Member whose application is being submitted with this Affiliate Application.

Name: _____

☐ A. This member is a current dues paying Catholic Attorney/Individual Member of CBA.
☐ B. This is a new CBA Member whose application is being submitted with this Affiliate Application.

Name: _____

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Please list any additional Catholic Attorney/Individual Members on a separate page [NOTA BENE: If your guild/society includes Individual Members of the CBA who are not Catholic Attorney Members (i.e., General Members), they should be listed.] If you have members who have not previously joined the CBA, they are welcome, and encouraged, to do so at this time.

Dues Calculation:

A. Local Affiliate Dues $ 00.00
(Per CBA Board of Directors Decision, Local Affiliate Dues will not be assessed for 2022-2023)

B. Dues paid by the Current Dues Paying Individuals Listed Above: $ _____

Total Dues Paid by Affiliate and its members to the CBA (Line A ***plus*** Line B): $ _____

For Organizations Desiring Independent Affiliate Status:

Are you incorporated? If so, date and State of incorporation? If not, How and when were you organized? ***(Articles of Incorporation, Bylaws, and/or other similar organizational documents, must be submitted with this Application.)***

Have you been recognized as a tax-exempt Organization by the IRS?

- ☐ Yes. What section (i.e., 501(c)(3)? 501(c)(6))? _____
- ☐ No. Please include an explanation of your tax status.

Please submit with this Application the following:

- ☐ Names and contact information for your governing board and officers
- ☐ Copies of your organizational documents
- ☐ A letter of support from your local Bishop.
- ☐ A completed Independent Local Affiliate Charter Agreement.

For New Organizations Desiring to Join the CBA Group Exemption:

NOTA BENE: Until further notice of proposed Internal Revenue Service rulemaking with respect to subordinate group exemption, all applicants for CBA Affiliation are assumed to be for independent, pre-existing organizations. However, if the IRS were to reinstate subordinate group status, would you desire to qualify as a 501(c)(3) tax-exempt organization by participating in the CBA's Group Exemption as a subordinate chapter?

- ☐ Yes
- ☐ No

If so, please submit with this Application the following, bearing in mind that the timing of IRS rulemaking may preclude subordinate status in your particular case:

- ☐ Summary of your activities.
- ☐ Your Employer Identification Number.
- ☐ An initial balance sheet as of the date of this application and a 3-year financial projection.

Signature of Principal Officer:

_____

PRINT NAME: _____

TITLE : _____