JUDGE JOHN M. SCHEB AMERICAN INN OF COURT



**Membership Application**

Name: Phone:

Address:

Firm/Agency: Years with Firm/Agency:

Your Practice Areas:

Year admitted to: The Florida Bar - Federal/other Bars (please list) -

# EXPERIENCE

If you have experience other than with your present firm/agency, please list:

|  |
| --- |
| **Dates(s) Firm/Agency: Areas(s) of practice:** |
|  |
|  |
|  |

# MEMBERSHIPS

List bar associations, sections, or membership currently held in other professional organizations:

|  |
| --- |
| **Dates(s) Organization: Offices/Chairs:** |
|  |
|  |
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#  JUDGE JOHN M. SCHEB AMERICAN INN OF COURT

* How did you learn about the Judge John M. Scheb American Inn of Court?
* Why do you want to become a member?
* Due to the limitation on membership, each member is expected to attend all meetings. There are eight

meetings a year held on the second Tuesday of each month.\*

* + Do you have existing commitments that conflict with this schedule?
	+ Will you make every effort to attend each meeting?
* Each member is required to assist his/her pupilage group in the presentation of one program during the

year. This may include preparation of written material for distribution, research, etc.

* Can you commit to dedicating the additional time required in this regard?

**Please return application to: Membership Chair, Emily Garriott** **at** emily.garriott@allstate.com**.**

\*(September, October, November, January, February, March, April and May)