



Elwood Thomas Inn of Court

Membership Application

Professional Information

Name: _____ Date: _____

Firm/Court/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Assistant's Name: _____ Assistant's Phone: _____

Assistant's Email: _____

Title/Position: ☐ Judge ☐ Attorney ☐ Legal Educator ☐ Other _____ How long in this position? _____

Describe current job responsibilities and type of practice: _____

Education Information

J.D. obtained at: _____ Year: _____

BA/BS: _____ Master's Degree (if applicable): _____

Bar # _____ Bar State: _____ Admittance Date: _____

Personal Information *(optional)*

Home Address: _____

Home Phone: _____ Date of Birth: _____

General Information

How did you hear about the American Inns of Court? _____

Why do you want to join this American Inn of Court? _____

What special skills or experiences can you offer the Inn? _____

Position sought: ☐ Associate (0-5 yrs) ☐ Barrister (6-9 yrs) ☐ Master of the Bench (10+ yrs)

Member Interests

I am willing to serve in the following areas of Inn Management:

- ☐ Leadership/Mentoring
- ☐ Finance & Budget
- ☐ Programs
- ☐ Membership
- ☐ CLE
- ☐ Catering Liaison
- ☐ Nametags
- ☐ Social
- ☐ Directory
- ☐ Website
- ☐ Any of the above

Please attach your most recent resume and email this application to: Elwood.L.Thomas.Inn@gmail.com