



**ROBERT E. JONES AMERICAN INN OF COURT**  
**2019-2020 MEMBERSHIP FORM**

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Checks for membership dues in the amount of **\$425.00** should be made payable to “**Robert E. Jones American Inn of Court**” and mailed, along with a completed copy of this form, to:

Jeff Jacobson  
Law Office of Jeffrey M. Jacobson  
430 West Roosevelt  
Wheaton, IL 60187

Full Name: \_\_\_\_\_

Preferred Name for Name Tag: \_\_\_\_\_

Firm/Court/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Area(s) of Practice: \_\_\_\_\_

Year admitted to practice: \_\_\_\_\_

ARDC Number (for MCLE purposes): \_\_\_\_\_

*If you have any attorneys in mind who you think might be interested in becoming new members of our Inn, please write their names below and the Board will reach out to them.*