

Name:

## NATHANIEL R. JONES - AMERICAN INN OF COURT

## NEW MEMBERSHIP APPLICATION / RENEWAL FORM

Email Address:		
Mailing Address:		
-		
Telephone Number:		
Cell Number:		
Fax Number:		
Years of Practice (determin	ne your level of Inn membership: check one)	
5 – 15 Ye	ars (Associate Level) ears (Barrister Level) Years (Bencher Level)	
\$100.00 f	or All Members (regardless of Level) during COVID 19 period commence of these members still in law school) will be assessed no fee.	icing January
During the COVID 19 period one per month.	od, the Jones Inn of Court will present a total of 5 CLE programs via Zoo	om, scheduled
	d, regular membership dues will become applicable. If in-person CLE prod, the cost of meals will be separately assessed.	ograms resume
Area(s) of Practice:		
Are you a returning Inn me	ember: Yes / No	
Are you interested in a lead	lership role such as:	
Officer: Yes / No If yes, please specify role desired (optional):		
Would you like your name and contact information to be displayed on our Website's public directory: Yes / No		
Are you able to attend at least 6 meetings per twelve month cycle: Yes / No If no, please explain:		

Please return completed form and membership dues payable to "Nathaniel R. Jones Inn of Court" to:

Kim Tomlinson, Esq., Email: <u>Kim.Tomlinson517@gmail.com</u> **P.O. Box 874, Cortland, OH 44410,** or to James G. Floyd, Esq., Email: <u>SPritchard@mnblawyers.com</u> **201 E. Commerce St., Suite 200, Youngstown, OH 44503**