



Warren E. Burger Inn of Court

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Current Employer _____
Employer's Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

I am a: _____ Judge Attorney Legal Educator

Please describe your current type of practice and job responsibilities – use additional sheets as needed.

Law School _____
Graduation Year

List all bars to which you have been admitted to membership, with year of admittance _____ How many years of active practice do you have? _____

Please list any memberships in professional organizations, with year of admittance.

Offices Held: _____

Awards and Honors: _____

REFERENCES (CONTINUE ON ADDITIONAL PAGES IF NECESSARY)

Reference's Full Name: _____
Last _____ *First* _____ *M.I.* _____

Reference's employer: _____

Reference's email address: _____

Reference's telephone number: _____

How did you hear about the Warren
E. Burger American Inn of Court? _____

Why do you wish to join the Warren
E. Burger American Inn of Court? _____

I am applying to be a(n): _____ Associate (zero to five years' experience)
_____ Barrister (five to ten years' experience)
_____ Master of the Bench (ten years' or more experience)

Have you attended any meetings of the Inn? _____. If yes, whose guest were you? _____

How do you actively promote and ensure diversity and inclusion in your profession and community?

The Warren E. Burger American Inn of Court encourages membership applications from diverse candidates. Diversity is important to the Inn of Court's efforts to engage with the entire Minnesota legal community. We are committed to fostering awareness and promoting diversity among our membership and in our profession, as well as creating and maintaining a culture that supports diversity, equity, and inclusion. The Warren E. Burger American Inn of Court does not discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, familial status, membership or activity in a local commission, disability, sexual orientation, or age.

Is there any other information, not called for above, that you think bears on your application, and that you would like to tell us about?

Once completed, please return this form as an email attachment to Laurie Nevers, Esq. co-chair of the Inn's Membership Committee, at email address laurienevers@gmail.com.

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____