**Willson American Inn of Court**

MEMBERSHIP APPLICATION

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Firm/Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years with Firm/Agency:\_\_\_\_\_\_\_\_

Your Practice Areas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Year admitted to: The Florida Bar - \_\_\_\_\_\_\_\_\_; Federal/other Bars (if any, please list) –

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EXPERIENCE**

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

|  |
| --- |
| **Date(s) Firm/Agency: Area(s) of practice:** |
|  |
|  |

1. **MEMBERSHIPS**

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

|  |
| --- |
| **Date(s) Organization: Offices/Chairs:** |
|  |
|  |

1. **WILLSON AMERICAN INN OF COURT**
* How did you learn about the Willson American Inn of Court?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Why do you want to become a member?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Due to the limitation on membership, each member is expected to attend all meetings. There

are eight meetings a year held on the third Thursday 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: *Robert G. Thornhill, III (Tri)***

 ***P. O. Box 1499***

 ***Winter Haven, FL 33882***

 ***Facsimile 863-297-5920, email*** ***tri@howellthornhill.com***

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