AMERICAN Name of Sponsor:	:		Membership Application
Professional Information:			
Name:			Date:
Firm/Court/Organization:			
Address:			
City:		State:	Zip:
Phone: ()	Fax: ()	
Email:			
Exact Position:		How long in	n this position?
Describe current job responsibilities and type of practice:			
Responsibilities in your two previous positions and number of			
1			
2Other organizations to which you belong and any offices held:			
Educational Information			
J.D. obtained at:			Year:
BA/BS:	Master's Degre	ee (if applica	able):
Other (explain):			
Personal Information (optional)			
Home Address:			
Home Phone:			Date of Birth:
Interests/Hobbies:			
General Information			
Where 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 organizate	tion?		

Please attach your most recent resume and information from your sponsor (if applicable).

 \square Master of the Bench

□ Barrister

Position sought:

☐ Pupil

☐ Associate