

Central Florida Family Law American Inn of Court

Membership Application

I. Professional Information:

Name: _____ Date: _____

Firm/Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email: _____

Current position/Job title: _____

Previous positions/Job titles: _____ Dates Held: _____

Current area(s) of practice: _____ Percentage of practice related to that area: _____

Professional organizations to which you belong and any offices currently or previously held:
(Please use a separate sheet if necessary)

II. Education Information:

College/University where you obtained:

BA/BS: _____ Year: _____

JD: _____ Year: _____

Other: _____ Year: _____

III. Bar Admissions:

Admitted to (year): _____

IV. Personal Information (optional):

Home address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Personal Interests/hobbies: _____

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V. General Information:

How did you hear about the American Inns of Court? _____

Why do you want to join the Central Florida Family Law American Inn of Court? _____

What special skills or experience can you offer this American Inn of Court? _____

VI. Sponsor and Endorsement:

Name of Inn Member Sponsor: _____

Name of Endorsing Inn Member 1: _____

Name of Endorsing Inn Member 2: _____

VII. Please attach a current resume and mail to Susan Staggs, c/o O'Mara Law Group, 1416 E. Concord Street, Orlando, Florida 32803 or email to cffamilylawinns@gmail.com

Applicant's signature

----FOR BOARD USE ONLY----

Application information verified _____ Yes _____ No

Member conducting verification _____

Comments: _____

Board/Membership Committee action _____ Accepted _____ Declined

Waitlisted: _____ Date Waitlisted: _____

Membership level _____ Associate _____ Barrister _____ Master _____ Bencher

Comments: _____