

# The Inn on the Teche

of the



AMERICAN  
INNS of COURT

## Membership Application

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

Firm/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Prior Inn? \_\_\_\_\_ If Yes, Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Referring Member: \_\_\_\_\_

Years as Attorney: \_\_\_\_\_ 0-5 Associate (Annual Dues \$100)  
\_\_\_\_\_ 5-15 Barrister (Annual Dues \$250)  
\_\_\_\_\_ 15+ Master (Annual Dues \$ 350)

Date of Admission: \_\_\_\_\_ State(s): \_\_\_\_\_