



Membership Application & Information Sheet

Professional Information

Name: _____ Date: _____

Firm/Court/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Exact Position: _____ How long in this position? _____

Describe current job responsibilities and type of practice: _____

Responsibilities in your two previous positions and number of years in each: _____

1. _____

2. _____

Other organizations to which you belong and any offices held: _____

Educational Information

J.D. obtained at: _____ Year: _____

BA/BS: _____ Master's Degree (if applicable): _____

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 organization? _____

Position sought: Pupil Associate Barrister Master of the Bench

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