

James E. Doyle American Inn of Court Nominee Form

The nomination deadline is:

If you have questions regarding this form, please contact the Membership Chair.

Refer to the New Member Nomination Guide for completion and submission instructions.

To be completed by the individual being nominated to join the James E. Doyle American Inns of Court.

Nominee Information

Prefix: _____ First Name: _____

Last Name: _____

Law School: _____ Graduation (MM/YYYY): _____

Bar Admission(s): State _____ Year _____ Number _____

Employer: _____

Title/Position: _____

Address: _____

Telephone: _____ E-mail: _____

The following information is requested for demographic purposes only and is voluntary.

Gender: Male Female Birth Year: _____

Race/Ethnicity: African American or Black (Not of Hispanic Origin)

American Indian or Alaskan Native

Asian

Hispanic/Latino

Pacific Islander or Native Hawaiian

White (Not of Hispanic Origin)

Other: _____

Nominee Form (continued)

The nomination deadline is:

To be completed by the individual being nominated to join the James E. Doyle American Inns of Court.

Nominee Name:

1. General statement of interest

Describe your involvement in the legal field and legal community. Also describe why you are interested in this Inn and why you believe you would be a good candidate for membership.

2. General statement on participation

Would you be an active participant in this Inn? Yes No

Nominee's Signature: _____ **Date:** _____

Membership Nomination Form

The nomination deadline is:

To be completed by a current member of the James E. Doyle American Inns of Court.

Nominee Name: _____

Current Member Nominator Information:

Name: _____

Firm: _____

Address: _____

Bar Number: _____

Telephone: _____

Fax: _____

E-mail: _____

1. General statement on the nominee

Describe the quality and impact of the nominee's work and contributions to the legal field and legal community. Also describe why you believe the nominee would be a good candidate for membership with this Inn.

2. General statement on participation

Do you believe that the nominee will be an active participant in our Inn?

Yes No

By signing this nomination form, you are representing that the information above is accurate to the best of your knowledge and that you believe that this nominee will be a positive addition to our Inn membership.

Current Member's Signature: _____ **Date:** _____