



LEO A. DEEGAN  
AMERICAN INN OF COURT

P.O. Box 1103 • Riverside, California 92502-1103

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## MEMBERSHIP APPLICATION

Alumni Member

Print name \_\_\_\_\_ Title \_\_\_\_\_

Firm/Business name \_\_\_\_\_

Office (mailing) address (include suite #) \_\_\_\_\_

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

Work phone \_\_\_\_\_ Fax \_\_\_\_\_

Alternate phone \_\_\_\_\_ Email \_\_\_\_\_

Areas of practice \_\_\_\_\_

Date admitted to CA State Bar \_\_\_\_\_ State Bar # \_\_\_\_\_

Law school \_\_\_\_\_ Date graduated \_\_\_\_\_

What year(s) were you an active member of the Leo A. Deegan Inn of Court? \_\_\_\_\_

Why do you wish to be an alumni member of the Leo A. Deegan Inn of Court? \_\_\_\_\_

Are you interested in participating in a Mentoring Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you interested in a 1:1 mentoring relationship or group mentoring? \_\_\_\_\_

Are you interested in contributing to the Hon. Sharon Waters Scholarship fund to assist members in paying for their dues (does not include meal costs)? Yes \_\_\_\_\_ No \_\_\_\_\_

Please select one:

Annual Member (\$100 *minimum*)

Lifetime Member (\$1,000 *minimum*)

If selected as an Alumni Member, I acknowledge that I will be responsible for paying the costs of my dinners, in addition to the cost of membership. \_\_\_\_\_ (*initial here*)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please return your completed application by July 31 to the address listed above.**