



LEO A. DEEGAN  
AMERICAN INN OF COURT

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

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## MEMBERSHIP APPLICATION

Renewal Member

Due to the collaborative, participatory nature of the Inn, your presence is expected at all monthly and team meetings. In September, October, January, March, April, and May, meetings are held on the fourth Wednesday of the month. In December, the meeting is held on the first Wednesday of the month. February is the Joint Inn Meeting of all Inland Empire Chapters and the meeting date is announced by late December.

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 \_\_\_\_\_

To be an Inn Member, you must be a current member of the Riverside County Bar Association (RCBA) **and remain in good standing for two calendar years.** Are you a current RCBA member? Yes \_\_\_\_\_ No \_\_\_\_\_

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? \_\_\_\_\_

If yes, are you interested in being a Mentor or a Protégé? \_\_\_\_\_

### Membership Intention

\_\_\_\_\_ I will renew my membership for the next Inn year (dues to be paid by September 10)

For Attorneys only, my membership category should be:

\_\_\_\_\_ Associate (0-5 years): \$500-550 for annual dues

\_\_\_\_\_ Barrister (5 years or more): \$550-600 for annual dues

\_\_\_\_\_ Attorney Master (experienced attorneys who are willing to mentor others and possess superior character, ability, and competence): \$600-650 for annual dues

\_\_\_\_\_ Emeritus Member: Dues are waived

**A partial refund may be granted if you withdraw from the Inn prior to November 30.**

\_\_\_\_\_ I will NOT renew my membership for the next Inn year

Are you interested in serving on a Community Service Team? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Please provide suggestions for improving our Inn (attach a page if necessary): \_\_\_\_\_

*I acknowledge that if I do not pay my membership dues by the deadline (early-September), the invitation to join the Inn is considered revoked.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are interested in applying for a Dues Scholarship, please complete the separate Scholarship Application.

**Please return your completed application by June 30 to the address listed above.**