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

Phone: (951) 689-1910 • Cell: (951) 733-8554 • Email: SherriGomez4@gmail.com

Signature

MEMBERSHIP APPLICATION	☐ Alumni Member
Print name	Title
Firm/Business name	
Office (mailing) address (include suite #)	
City/State/Zip	
Work phone	
Alternate phone	Email
Areas of practice	
Date admitted to CA State Bar	State Bar #
Law school Date a	graduated
Why do you wish to be an alumni member of the Leo A. Are you interested in participating in a Mentoring Program	
If yes, are you interested in a 1:1 mentoring relationship of	
Are you interested in contributing to the Hon. Sharon W	
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	
in addition to the cost of membership.	(initial here)

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

Date