



LEO A. DEEGAN  
AMERICAN INN OF COURT

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

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

## MEMBERSHIP APPLICATION

Alumni Member

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

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

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

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

If different, mailing address/P.O. Box (include 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? \_\_\_\_\_

Please select one:

Annual Member (\$85 *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*)

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