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

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

MEMBERSHIP APPLICATION	M	EMBERS	SHIP ${f A}$	PPLIC	CATION
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	New	Member
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Due to the collaborative, participatory nature of the Inn, your presence is expected at all monthly and team meetings. In September, October,

Print name	Title
City/State/Zip	
If different, mailing address/P.O. Box (include	e zip):
Work phone	Fax
Alternate phone	Email
Areas of practice	
Date admitted to CA State Bar	State Bar #
Law school	Date graduated
If yes, are you interested in being a Mentor or Have you ever been a member of the Leo A. I If so, during what Program Year(s)? Why do you want to become a member of the	elationship or group mentoring?
by September 10, if invitation for membership the Inn prior to November 30.	ters), \$515-565 (Attorney Masters/Judicial Masters). Payment due is extended. A partial refund may be granted if you withdraw from mbership dues by the deadline, the invitation to join the Inn is
Signature	

If you are interested in applying for a Dues Scholarship, please complete the separate Scholarship Application. Application and résumé (curriculum vitae) accepted April 1 to July 15 at the above address.