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

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

MEMBERSHIP APPLICATION

WEMBERSIII AITEICA	HON	☐ Alumni Member
Print name	Ti	tle
Firm/Business name		
Office address (include suite #)		
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	_
Why do you wish to be an alumni member of	the Leo A. Deegan Inn of Court?	
Are you interested in participating in a Mento.	ring Program? Yes No _	
If yes, are you interested in a 1:1 mentoring re	elationship or group mentoring? _	
Please select one:		
☐ Annual Member (\$85 <i>minimum</i>)		
☐ Lifetime Member (\$1,000 minimum)		
If selected as an Alumni Member, I acknowle	edge that I will be responsible fo	or paying the costs of my dinner

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

in addition to the cost of membership. _____ (initial here)