



LEO A. DEEGAN
AMERICAN INN OF COURT

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

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MEMBERSHIP APPLICATION

☐ New Member

☐ 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 _____ 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 being a Mentor or a Protégé? _____

Membership Intention

_____ I will renew my membership for the next Inn year (dues to be paid by September 30)

_____ I will NOT renew my membership for the next Inn year

For Attorneys only, my membership category should be:

_____ Associate (0-5 years practicing law): \$500-550 for annual dues

_____ Barrister / Attorney Master (5 years or more practicing law) \$550 - \$600 for annual dues:

(Experienced attorneys willing to mentor others and possess superior character, ability, and competence);

_____ Judicial Master: \$600-650 for annual dues

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

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 submit a written request with your application.

Please return your completed application by July 15 to the address listed above.