



The Thomas E. Penick, Jr.
American Inn of Court

Membership Application

Professional Information

Name: _____ Date: _____

Firm/Court/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Assistant's Name: _____ Assistant's E-mail: _____

Title/Position: Judge Attorney Legal Educator Other _____ How long in this position? _____

Describe current job responsibilities and/or practice areas: _____

Education Information

J.D. obtained at: _____ Year: _____

BA/BS: _____ Master's Degree (if applicable): _____

Bar # _____ Bar State: _____ Original Admittance Date: _____

Personal Information *(optional)*

Home Address: _____

Home Phone: _____ Date of Birth: _____

General Information

How did you hear about the Thomas E. Penick, Jr. American Inn of Court? _____

Why do you want to join the Thomas E. Penick, Jr. American Inn of Court? _____

What special skills or experiences can you offer the Inn? _____

Position sought: Associate Barrister Master of the Bench