

CHARLES CLARK AMERICAN INN OF COURT  
MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ MS BAR NO. \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ Associate (3-5 years of Litigation Experience)

\_\_\_\_\_ Barrister (5-15 years of Litigation Experience)

Law School Information:

Name of School: \_\_\_\_\_ Year Degree Awarded: \_\_\_\_\_

Please describe your type of practice and court experience. Also, indicate what percentage of your practice is trial work. \_\_\_\_\_

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\_\_\_\_\_

SPONSOR NAME: \_\_\_\_\_

SPONSOR BAR NO. \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant