

www.innsofcourt.org/inns/lopardoinn

MEMBERSHIP APPLICATION 2024-2025 TERM

1.	Full Name/SBN			
	Firm Name			
	Firm (Street/City) Address			
	Business Phone # ()			
	E-mail Address			
2.	UNDERGRADUATE AND LAW SCHOOL INFORMATION			
	Name of School	Degree Awarded	Year Graduated	
3.	DESCRIPTION OF TYPE OF PRACTICE AND COURT EXPERIENCE. WHAT PERCENT OF YOUR PRACTICE IS TRIAL WORK?			
4.		OMMUNITY ACTIVITIES IN SAN DIEGO INNS OF COU		
5.	ACADEMIC ACHIEVEME	NTS.		
6.	STATEMENT OF REASO	NS FOR APPLYING TO TH	HE PROGRAM.	

(All responses should be typewritten or legible; you may use a separate sheet)

- 7. ARE YOU A MEMBER OF THE NORTH COUNTY BAR ASSOCIATION (http://www.northcountybar.org/)? MEMBERSHIP IS REQUIRED.
- 8. MEMBERSHIP APPLICATION IS FOR (Check one):
 - □ ASSOCIATE 5 YEARS OR LESS PRACTICE
 - □ BARRISTER MORE THAN 5 YEARS PRACTICE
 - MASTER MORE THAN 15 YEARS IN PRACTICE OR A JUDGE
 PLEASE ATTACH YOUR RESUME, IF AVAILABLE.
- 9. MASTERS AND BARRISTERS PLEASE COMPLETE:

LIST THREE AND NO MORE THAN FIVE OF YOUR MOST SIGNIFICANT CASES ON WHICH YOU HAVE WORKED (NOT NECESSARILY TRIALS. GIVE A BRIEF DESCRIPTION ON EACH CASE AND WHY IT IS SIGNIFICANT TO YOU. ALSO LIST THE COURT FILE NUMBER, OPPOSING COUNSEL AND CO-COUNSEL, AND JUDGE, IF ANY.

10. ALL APPLICANTS - PLEASE COMPLETE:

LIST THREE PROFESSIONAL REFERENCES.

DATE:	Signature:		
For immediate consideration, return via U.S. Mail, e-mail or fax to:			
Alan M	. Mansfield. (AIC Membership Chair)		
16870 V	W. Bernardo Drive, Suite 400		
San Die	go, CA 92127		

T: (619) 308-5034

E-mail: alan@clgca.com