



www.innsocourt.org/inns/lopardoinn

MEMBERSHIP APPLICATION FOR 2026-27 TERM

- 1. Full Name/SBN _____
Firm Name _____
Firm (Street/City) Address _____
Business Phone # (_____) _____
E-mail Address _____

2. UNDERGRADUATE AND LAW SCHOOL INFORMATION

<u>Name of School</u>	<u>Degree Awarded</u>	<u>Year Graduated</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 3. DESCRIPTION OF TYPE OF PRACTICE AND COURT EXPERIENCE.
WHAT PERCENT OF YOUR PRACTICE IS TRIAL WORK?

- 4. PROFESSIONAL AND COMMUNITY ACTIVITIES INCLUDING
PARTICIPATION IN ANY SAN DIEGO INNS OF COURT, IF APPLICABLE.

- 5. ACADEMIC ACHIEVEMENTS.

- 6. STATEMENT OF REASONS FOR APPLYING TO THE 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 W. Bernardo Drive, Suite 400

San Diego, CA 92127

T: (619) 308-5034

E-mail: alan@clgca.com