

# William V. Deatherage American Inn of Court

## Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Professional Information:

Firm/Court/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Describe type of practice: \_\_\_\_\_

Number of years in practice: \_\_\_\_\_

Other organizations to which you belong and any offices held: \_\_\_\_\_

### Educational Information:

J.D. obtained at: \_\_\_\_\_ Year: \_\_\_\_\_

BA/BS: \_\_\_\_\_

Master's Degree (if applicable): \_\_\_\_\_ Other (explain): \_\_\_\_\_

### Personal Information (optional):

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

### General Information:

Why do you want to join this American Inn of Court? \_\_\_\_\_

What special skills or experiences can you offer the organization? \_\_\_\_\_

Position sought: Associate\_\_\_ Barrister\_\_\_ Master\_\_\_

### Annual Dues

Master: (15+ years in practice) \$275

Barrister: (5-15 years in practice) \$235

Associate: (0-5 years in practice) \$190

Please attach your most recent resume. Please make check payable to WVD Inn of Court.

Mail to: Jody Cole, Frohnmayer Deatherage, 2592 E. Barnett Rd., Medford, OR 97504