



Membership Application



Name: _____

Office Address: _____

Telephone: _____ Fax: _____

Email: _____

Date of Admission to MA Bar: _____

Practice Concentration (Note - 75% percentage minimum required):

Family Law: _____ Probate Law: _____

Bar and Professional Memberships:

Family & Probate Inn Sponsors:

1. _____

2. _____

(Please attach Sponsors' letters to Application)

Massachusetts Family and Probate American Inn of Court

Membership Application



Please provide any suggestions for programs during the upcoming Inn year:

Optional:

Our Inns of Court values the inclusion of members who can add diversity and multi-culture to our membership. Please feel free to share with us any information about you that would indicate how your membership would promote this goal:

Additional Comments, if any:

Dated: _____

Signature: _____

Please mail completed application to:

Massachusetts Family and Probate American Inn of Court
c/o Membership Committee
McCormack Station
P.O. Box 961332
Boston, MA 02196-1332