



## ***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:

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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:

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Additional Comments, if any:

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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