



SOCIAL LAW LIBRARY ENDOWED MEMBERSHIP PROGRAM

APPLICATION

for

Social Law Library Membership Endowed by

The Hon. J. John Fox Esq. Endowed Membership Fund
The Camille F. Sarrouf, Esq. Endowed Membership Fund
The Hon. Lawrence D. Shubow Endowed Membership Fund
The Goldstein & Manello Endowed Membership Fund

Name: _____

Address: _____

City

State

Zip Code

Telephone: _____

Land Line

Cell

Email: _____

Law School Attended: _____ Year Graduated: _____

Date Admitted to Bar: _____ BBO Number: _____

Are you presently engaged in private practice? Yes No

Date Entered into Practice: _____

Name of Firm: _____ Number of Attorneys: _____¹

Your Field of Professional Concentration (if any): _____

¹ Preference will be given to solo practitioners and members of firms with three or fewer attorneys.

Please provide two professional references:

NAME: _____

Address: _____

City State Zip Code

Telephone: _____

Land Line Cell

Email: _____

NAME: _____

Address: _____

City State Zip Code

Telephone: _____

Land Line Cell

Email: _____

Please describe below how a free membership to the Social Law Library will assist your practice:²

Signature

Printed Name

Date: _____

² Because these Endowed Memberships are underwritten by endowments created by, and in honor of, current and former Library members, the Library publicly announces their awards and identifies the recipients as a way to thank the benefactors. If you are selected for one of the memberships, please indicate your agreement to be identified as an Endowed Membership recipient and to have your photo taken, which shall be solely for promotion of the Endowment Programs, by checking this box: