



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: \_\_\_\_\_<sup>1</sup>

Your Field of Professional Concentration (if any): \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> 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:<sup>2</sup>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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

<sup>2</sup> 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: