

Membership Application

Schwartz-Levi Inn of Court

**Professional Information:**

Name: Click here to enter text.

Date: Click here to enter text.

Employer: Click here to enter text.

Address: Click here to enter text.

City:Click here to enter text. Zip: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

Email: Click here to enter text.

Job Title: Click here to enter text.

How long in this position? Click here to enter text.

Describe current job responsibilities and type of practice:Click here to enter text.

**Educational Information**

J.D. obtained from:Click here to enter text. Year:Click here to enter text.

BA/BS from: Click here to enter text.

Other degrees: Click here to enter text.

**General Information**

Who is your sponsor? Click here to enter text.

Any other comments/questions?Click here to enter text.

Please return this form to Julie Weng-Gutierrez (Julie.weng-gutierrez@abc.ca.gov) or Rochelle Wilcox (rochellewilcox@dwt.com), with a copy to Ellen Duncan (ellenduncan@dwt.com) by **June 17, 2020**.