



APPLICATION FOR CHARTER

225 REINEKERS LANE, SUITE 770
ALEXANDRIA, VIRGINIA 22314
703-684-3590 FAX 703-684-3607
WWW.INNSOFCOURT.ORG

This Inn shall be known as the \_\_\_\_\_

(Please note: If a name has yet to be determined, then the Inn will be assigned a Roman numeral until such time as a name is selected and ratified by the Inn's membership).

American Inn of Court
American Inn of Transactional Counsel

1. Will host its meetings primarily in (city, state and zip): \_\_\_\_\_

2. Will this Inn specialize in any particular area of law: No Yes, if so what?

3. Will the Inn be affiliated with any Law Schools? No Yes, if so which ones?

Please, briefly describe the nature of the affiliation(s): \_\_\_\_\_

4. Will the Inn be affiliated with any other legal organizations, such as local/state bar associations, legal societies or other organizations? No Yes, if so which ones?

Please, briefly describe the nature of the affiliation(s): \_\_\_\_\_

5. What are the approximate geographic boundaries of the proposed American Inn of Court?
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6. Has the organizing committee been in communication with leaders from other Inns?    No    Yes    Please note the Inn name(s).
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7. What is the size of the bar association(s) that are in this geographic area? If there is a specialty section of the local bar that applies to the formation of this Inn, please describe. Is membership in the local bar association voluntary or required?
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8. How many members does the Inn anticipate having in its first year? \_\_\_\_\_ Has the membership been equally distributed between each category of Master, Barrister, Associate?    No    Yes
9. What is the current level of support and involvement of members of the judiciary in this American Inn of Court?
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10. The American Inns of Court Charter requires each Inn to hold at least six meetings per fiscal year. How many meetings will this Inn hold per year, including social and programmatic meetings?
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**Please, list the members of Inn's Organizing Committee below.** If officers have been selected, indicate each person's position in the space provided followed by their contact information. If officers have not been selected, please designate the "Key Contact" with whom the Foundation should communicate. Additional pages may be attached if necessary.

**President or Key Contact Person:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Additional Member:**

Name: \_\_\_\_\_  
Officer Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Additional Member:**

Name: \_\_\_\_\_  
Officer Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Additional Member:**

Name: \_\_\_\_\_  
Officer Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

We, the undersigned have reviewed a sample copy of the Organizational Charter of an American Inn of Court/Transactional Counsel and do now hereby make application to the American Inns of Court Foundation for a Charter to organize, establish and carry on activities as a participating Inn of the American Inns of Court.

On behalf of ourselves and our successors, we hereby agree to conduct our activities in a manner consistent with the requirements of such Charter, the Articles of Incorporation, Bylaws and policies of the American Inns of Court Foundation as they now exist or may hereafter be interpreted, modified or amended by the Board of Trustees of said Foundation.

We request that our Inn be granted use of the American Inns of Court Foundation name, service mark, seal and copyrighted materials. We understand that our American Inn of Court/Transactional Counsel is to become fully organized and operational within one year of the issuance of its Charter in order to retain its status as a Chartered American Inn of Court/Transactional Counsel.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Signed: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_