

Name:

## JUSTINIAN LAW SOCIETY

of Rhode Island

## **APPLICATION FOR MEMBERSHIP**

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College:		Year Graduated:		Degree:
Law School:	Year Gra	aduated:	Degree	:
Present Employer:			e-mail:	
Address of Present Employer Legal Concentration and Affi Other Brief Biographical Info	(If different than above)			
Γotal Amount Due: \$	MEMBERSHIP DU			
I enclose f	full payment of \$35 for member	rship dues to the J	ustinian Law	Society
		•		•
I enclose a	nn additional donation of \$	for the Justinia	an Law Societ	ty Scholarship Fund.
Please make your chec	ck payable to "Justinian Law S	Society" and sen-	d payment w	ith this application to:
	Thomas Tarro III 300 Centerville Road Warwick, RI 02886			

Honeste Vivere \* Alterum non Laedere \* Suum Cuique Tribuere

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