



**JUSTINIAN LAW SOCIETY**  
*of Rhode Island*

**APPLICATION FOR MEMBERSHIP**

(Please print or type)



Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Address: \_\_\_\_\_  
(Number) (Street) (Suite)  
\_\_\_\_\_  
(City) (State) (Zip)

Business or Home  
(Circle one)  
R.I. Bar ID# \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(Office) (Cell – optional) (Fax) (Email)

College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

Law School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address of Present Employer: \_\_\_\_\_

Admitted to Practice Law in: \_\_\_\_\_

Legal Concentration and Affiliations: \_\_\_\_\_

Other Brief Biographical Information: \_\_\_\_\_

Please list the names of any other attorneys you know who may be interested in learning about the Justinian Law Society of RI:

**COMBINED MEMBERSHIP DUES FOR CALENDAR YEAR 2025**

**The Justinian Law Society of Rhode Island**  
**and**  
**The National Italian-American Bar Association**  
**Total Amount Due: \$50**  
**Payment Method**  
*(Please check)*

\_\_\_\_\_ I enclose full payment of \$50 for combined membership dues to the Justinian Law Society of Rhode Island and the National Italian American Bar Association

**OR**

\_\_\_\_\_ I enclose an additional donation of \$\_\_\_\_\_ for the Justinian Law Society of Rhode Island Scholarship Fund.

Please make your check payable to “Justinian Law Society of Rhode Island”.

and send payment with this application to:

Thomas A. Tarro III, Esq.  
Justinian Law Society of Rhode Island  
The Summit East  
300 Centerville Rd # 330  
Warwick, RI 02886

*The Justinian Law Society of Rhode Island is a non-profit organization and is recognized as a tax-exempt organization pursuant to Section 501(c)(6) of the Internal Revenue Code*

*Honest Vivere • Alterum non Laedere • Suum Cuique Tribuere*