

Signature: ___

INN MANAGEMENT SYSTEM ENROLLMENT FORM

Inn Name:			Date:
City:		State:	Inn ID:
Primary Administrative Co	ontact:		
Name:		Inn Leadership Position	
E-mail:		Phone:	
All current members of the Inr regarding the use of the IMS b	n's executive committee will have access to the Ir sased on its unique needs, and the requirement f	nn Management System (IMS). It is or training prior to its use. IMS help	important for Inn leadership to develop a policy and resources are available on our website.
You may designate addition	onal individuals for IMS access:		
Name	Inn Leadership Position	E-mail	Phone
1			
2.			
American Inns of Court m website on how to set up If the Inn chooses to use the As a representative of my I understand and agree to Member payments by 6. Each transaction will be 1. The net sum of paymer 1. Refunds for transaction 1. Funds to Inns will be different foundation's ACH paym Notification e-mail:		yPal or Square, leave this section cepting Credit Card Payments. ase initial here. Court to establish the online crederican Inns of Court Foundation's ensaction fee) will be distributed be issued by the Inn by check; refixide bank account information to	Initials: Initials: It card payment process for my Inn. It oredit card merchant It to the Inn on a monthly basis It was may not be issued to credit cards It the American Inns of Court
,	site hosted by the American Inns of Court?	Yes No	
Does your Inn have a websit	te not hosted by the American Inns of Court?	Yes No URL:	
by an Inn is subject to prope	Foundation provides the Inn Management Sy er enrollment by the Inn and acceptance of ar tement is available on our website at www.in	ny terms of use that may be in eff	
Applicant Information:		OFFICE LICE ONLY	
Name: Please print		OFFICE USE ONLY:	
			Date Entered:
inn Leadership Position:		Date Trained:	Trainer: