



APPLICATION FORM

Please write 'N/A' for any fields which are not relevant to your application.

FIRST NAME _____ LAST NAME _____

EMAIL _____

ADDRESS _____

POST CODE _____ COUNTY _____

WORK TEL _____ MOBILE _____

POSITION _____ PLACE OF WORK OR STUDY _____

YEAR OF QUALIFICATION (if Trainee) _____

MEMBERSHIP TYPE (see below) _____ AMOUNT TO PAY _____

Ordinary membership - open to qualified solicitors and CILEx lawyers **£35pa**

Associate membership - open to legal executives, barristers and lawyers qualified in other jurisdictions **£35pa**

Also open to trainees, law students, paralegals and pupil barristers **£15pa**

Please note: payment methods OTHER THAN by standing order will be £40pa.

**Please make bank transfers to:
AWS London
A/C No: 24697362 Sort Code 60-40-02**

When making your payment, please include your name as a reference.

Please e-mail your completed form to: awslondon1@gmail.com

GDPR

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If at any time, you would like your details deleted from our records, please email us at awsldata@gmail.com