

THE ASSOCIATION OF

WOMEN BARRISTERS

MEMBERSHIP APPLICATION

PERSONAL DETAILS

Name:

Date of birth:

Mobile:

Landline:

E-mail address:

Current home address:

City:

County:

Post Code:

(PLEASE COMPLETE THE RELEVANT SECTION BELOW)

PRACTITIONER APPLICANT DETAILS

Chambers Address:

Year of Call:

Area/s of Practice:

Inn Membership:

Are you interested in becoming a mentor for more junior members of the association? Yes / No

STUDENT APPLICANT DETAILS

University/College:

Area/s of interest:

Final year student:

CPE/PGD law student:

BVC student:

Pupillage obtained: Yes/No

Inn Membership:

Year of Call (if applicable):

PLEASE CAN ALL APPLICANTS COMPLETE THE FOLLOWING SECTION

Preferred method of contact: E-mail / Home address / Chambers address / telephone / no preference

How did to you hear about the AWB?

Pupillage fair / Personal recommendation / Website / Bar Council / Inns of Court / Other

If other please specify:

SUBSCRIPTION DETAILS

Category (please delete as appropriate):

QC and/or 15 years + call - £50 pa / 5 to 15 years call - £35 pa / under 5 years call - £20 / Student or pupil - £10 pa

Method of payment (please delete as appropriate):

Cheque enclosed (payable to the Association of Women Barristers) / Standing Order (completed Form of Authority provided)

SIGNATURE

Signature of applicant:

Date:

Please tick this box if you do not wish to receive information from other organisations approved by the A.W.B

Please send completed forms to Zira Hussain, AWB Membership Secretary, St Philips Chambers, 55 Temple Row, Birmingham B2 5LS DX 723240 Birmingham 56