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020 7112 8034

APPLICATION FOR ASSOCIATE MEMBERSHIP

First Name/s
Surname.....Mr/Mrs/Miss/Ms
Address.....
.....
.....Post Code.....Email.....
Telephone No: Home.....Work.....
Mobile.....Work Email.....
Employer.....
Job Title.....

Associate Membership Entry Eligibility

Minimum Level 3 (appropriate law related certificate/diploma) A' Level Law OR minimum of 3 years experience

(NB applying for a Licence to Practise requires both a level 3 or 4 qualification PLUS a minimum of 3 years' relevant legal experience)

Please state your qualification/experience here.....
and provide evidence of the above by emailing or posting to NALP

- [] I am applying for Associate Membership £90.00 and enclose payment.
- [] I am applying for Associate Membership £90.00 and have paid online.

I declare that I have read and meet the entry requirements for Associate Membership and I am aware of the NALP membership Rules and will be bound by them:

Signed.....Date:.....