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020 7112 8034

ASSOCIATE MEMBERSHIP RENEWAL FORM

First Name/s

Surname.....Mr/Mrs/Miss/Ms

Address.....

.....

.....Post Code.....Email.....

Telephone No: Home.....Work.....

Mobile.....Work Email.....

Employer.....

Job Title.....

Associate Membership Eligibility

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

If you believe that your membership eligibility has changed – All membership criteria details are available on the NALP website

I am applying for renewal of my Associate Membership £90.00 and enclose payment.

I am applying for renewal of my 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:.....