



LG02 Lincoln House, 1-3 Brixton Road, London SW9 6DE  
info@nationalparalegals.co.uk  
0845 862 7000

## FELLOWSHIP MEMBERSHIP APPLICATION FORM (I)

First Name/s .....

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

Address.....

.....

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

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

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

Employer name.....

Employer address.....

Employer contact name and position.....

Your Job Title.....

### Fellowship Membership Entry Eligibility

Level 6 + and proof that you have relevant legal experience of at least 3 years (NB. A reference will be sought from your employer – please provide the contact name above).

Please state your qualification here.....  
and provide evidence of this by emailing or posting to NALP

[ ] I am applying for Fellowship Membership £150 and enclose cheque payable to 'NALP'.

[ ] I am applying for Fellowship Membership £150 and have paid online.

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

Signed.....Date.....