



ASSOCIATION OF PENSION LAWYERS

APPLICATION TO BECOME AN ASSOCIATE MEMBER

PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS SHOWN BELOW.
WE MUST HAVE A SIGNED ORIGINAL OF THE FORM: A PHOTOCOPY IS NOT ACCEPTABLE.

PLEASE NOTE: APPLICATIONS FOR MEMBERSHIP ARE CONSIDERED BY THE APL'S MAIN COMMITTEE, WHICH MEETS AT APPROXIMATELY SIX-WEEKLY INTERVALS. YOU SHOULD THEREFORE ALLOW UP TO TWO MONTHS FOR YOUR APPLICATION TO BE PROCESSED. YOUR APPLICATION WILL BE ACKNOWLEDGED ON RECEIPT; THERE IS THEN NO NEED TO CONTACT US IN ORDER TO CHECK ON THE PROGRESS OF YOUR APPLICATION.

1. Full name (including title):
2. Organisation:
3. Address:
.....
.....
4. Telephone number:
5. Full DX No and Area:
6. E-mail address:

7. **Local Groups:**

Please tick the relevant box if you would be interested in joining one of the following local groups. (All members receive mailings for London events in any case.)

Scotland

Midlands

North East

South West

North West

8. **Subscription**

I enclose a cheque for £50 Sterling made payable to the Association of Pension Lawyers.

[Each application must have a separate cheque; please write your name of the back]

9. Professional qualifications

I am a **qualified solicitor** in the UK and was admitted on

I am a **qualified barrister/advocate** in the UK and was admitted on

I am not a lawyer qualified in the UK but believe that the Main Committee should consider me to be suitably qualified as a lawyer by reason of my training and experience as described on a separate sheet attached to this form. **(Please note that trainee solicitors are not eligible for APL membership).**

10. Current Work:

About % of my work comprises the giving of advice on non-contentious pension law and practice

About % of my work comprises pensions litigation and potentially contentious issues

11. Other considerations:

If, having regard to the eligibility criteria in the APL's Constitution, you wish to add to the information given above, please do so on a separate sheet and attach it to this form.

12. Records:

The APL (and, on its behalf, the Pensions Management Institute) maintains a database of applicants and members as membership records, for the purposes of providing members with information, reminders, renewals and voting forms and generally for pursuing the APL's objects. Similar records are kept by our affiliated Regional Groups. By submitting this application, you will be giving your express consent to the processing by the APL, the PMI and the Regions of your personal data for these purposes and any others which may be approved by the APL's Main Committee from time to time. Enquiries about your personal data held by the APL and the purposes for which it is processed should be addressed to the Secretary.

13. Applicant's signature:

.....
Signature of applicant Date

14. Attestor's signature:

The attestor should preferably be someone who works in the same organisation as the applicant and holds a senior position (eg. partner or head of department).

Full name:

Organisation:

Position in organisation:

I have read this application and confirm that, to the best of my knowledge and belief, the information given in this application, particularly items 9, 10 and (where relevant) 11, is correct.

.....
Attestor's signature Date