

# THE CITY OF LONDON LAW SOCIETY

## Affiliate Membership Application Form

*(Available to lawyers qualified outside England and Wales, the judiciary, barristers,  
non-City Solicitors and legal academics)*

*I wish to become an Affiliate Member of the City of London Law Society, and I hereby agree, if elected,  
to be bound by all the terms and conditions set forth in the  
Constitution and Bye-laws of the Society.*

Signature: \_\_\_\_\_ (Applicant)

Surname: \_\_\_\_\_ (Mr/Mrs/Miss/Ms/Other)

Forenames: \_\_\_\_\_

Name & Address of Firm or Employer: \_\_\_\_\_

\_\_\_\_\_

Or Private Address if not in practice or employment : \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

DX Number: \_\_\_\_\_

I am a member of the Bar/The Law Society of \_\_\_\_\_ in good standing and entitled to practise  
as such.

Date of Birth: \_\_\_\_\_ Legal Qualifications and date of Qualification: \_\_\_\_\_

*Please return form to:*

*The Secretary  
The City of London Law Society  
4 College Hill  
London EC4R 2RB  
DX 98936 – Cheapside 2*

For office use:

Date Received

Date Elected