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Description automatically generated

**APPLICATION FOR MEMBERSHIP**

**SOUTH AFRICAN BAR ASSOCIATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/2022

**To: The Executive Committee**

South African Bar Association

First Floor, Illovo Muse,

198 Oxford Road

ILLOVO

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Subject Application for Membership**

I, the undersigned hereby wish to apply for membership with the South African Bar Association. I confirm that my:

1. CV is attached to this application; or that \_\_\_\_\_\_ Tick
2. CV has already been submitted. \_\_\_\_\_\_ Tick

My relevant personal information are as follows:

Full name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_ [Code]

LPC Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Bar (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership of other Bars: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please confirm whether you have any outstanding financial obligations with your current or previous Bar Association and if so, what arrangements are in place to address such:**

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Type of chamber option member practices from or intends practising from:

|  |  |  |
| --- | --- | --- |
| Options | Details | Tick |
| 1 | Full-time chambers in a group |  |
| 2 | Virtual chambers |  |
| 3 | Homebased chambers |  |
| 4 | Chambers in an office block |  |

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Please note, if your application is approved, that:

1. No membership fees are payable by members who are in practice for 0-3 years
2. R450 per month for all members who are in practice for 3years+

Signed and dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this the \_\_\_\_\_\_\_\_\_\_\_

day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2022

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant

Please email completed application and CV to:

adv.ford@rsabar.net