

THE CITY OF LONDON LAW SOCIETY

Membership Application Form

*I wish to become a 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: _____

If you are not currently practising within one mile of the Bank of England, please state the address and dates when you were previously in practice in that area:

Date of Birth: _____ Year of first Admission to the Roll of Solicitors: _____

Please tick here if you would like information about the City of London Solicitors' Company, the Livery Company which works closely with the City of London Law Society.

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