



## Application for Corporate Membership

### Company Details

1

Name of Company/Firm:

Address:

Postcode:

Telephone No:  Fax No:

E-mail:

Principal Profession (Please indicate by ticking box):

- Agriculture    Banking/Finance    Commodities    Construction    Dental/Medical    Sport  
 Engineering    Insurance    IT    Maritime    Land/Property    Law

Other (please give details)

Number of Employees: (please tick box):  1-10    11-50    51-200    200+

### Details of Individuals Nominated by Company/Firm (4 persons may be nominated)

2

#### 1st Nominated Name:

Family Name:  Date of Birth:  DD  MM  YY

Other Names:  Mr/Mrs/Ms/Other (please state)

Nationality:  Designatory letters:

Address:

Postcode:

Daytime Tel. No:  Daytime Fax No:

Home Tel. No:  Home Fax No:

E-mail:

#### 2nd Nominated Name:

Family Name:  Date of Birth:  DD  MM  YY

Other Names:  Mr/Mrs/Ms/Other (please state)

Nationality:  Designatory letters:

Address:

Postcode:

Daytime Tel. No:  Daytime Fax No:

Home Tel. No:  Home Fax No:

E-mail:

## Details of Individuals Nominated by Company/Firm (4 persons may be nominated)

# 2

### 3d Nominated Name:

Family Name:	<input type="text"/>	Date of Birth:	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>
Other Names:	<input type="text"/>	Mr/Mrs/Ms/Other (please state)	<input type="text"/>		
Nationality:	<input type="text"/>	Designatory letters:	<input type="text"/>		
Address:	<input type="text"/>				
	<input type="text"/>	Postcode:	<input type="text"/>		
Daytime Tel. No:	<input type="text"/>	Daytime Fax No:	<input type="text"/>		
Home Tel. No:	<input type="text"/>	Home Fax No:	<input type="text"/>		
E-mail:	<input type="text"/>				

### 4th Nominated Name:

Family Name:	<input type="text"/>	Date of Birth:	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>
Other Names:	<input type="text"/>	Mr/Mrs/Ms/Other (please state)	<input type="text"/>		
Nationality:	<input type="text"/>	Designatory letters:	<input type="text"/>		
Address:	<input type="text"/>				
	<input type="text"/>	Postcode:	<input type="text"/>		
Daytime Tel. No:	<input type="text"/>	Daytime Fax No:	<input type="text"/>		
Home Tel. No:	<input type="text"/>	Home Fax No:	<input type="text"/>		
E-mail:	<input type="text"/>				

To: The Board of The Anglo-Russian Law Association:

We enclose a cheque for £  payable to "The Anglo-Russian Law Association" and wish to become a member of The Anglo- Russian Law Association, subject to the provisions of the Memorandum and Articles of Association and the Rules. We agree to pay to the Association an amount of up to £10 if the Association is wound up while We are members or for up to 12 months after I have left the Association.

Signed:  Dated:

## FOR OFFICE USE ONLY

Application received on:

Database number:

Acknowledge by:

Formal acceptance on:

Amount paid:

Rejected on:

Membership runs out on:

Money refunded on:

Withdrawn: