

MEMBERSHIP APPLICATION

Reg No: _____ [for office use]



1. APPLICATION DETAILS

TITLE: MR MS MRS DR Uza. Uz. Other: _____

SURNAME: _____ FIRST NAME/GIVEN NAMES: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

RESIDENTIAL ADDRESS: _____ POST CODE: _____

EMAIL: _____

PHONE NUMBER: _____

2. BUSINESS/ EMPLOYMENT DETAILS

FIRM NAME/EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ POST CODE: _____

FAX: _____

CONTACT PERSON: _____ POSITION: _____

PHONE NUMBER: _____ EMAIL: _____

3. WHAT ACTIVITIES WOULD YOU LIKE TO BE INVOLVED IN?

PRO-BONO LEGAL ADVISE

PRO-BONO PARTICIPATION IN ACTIVITIES RUN BY FLC

4. TERMS AND CONDITIONS

Please read & sign the following terms and conditions: *If granted membership of Family Legal Clinic, I agree to comply with the rules of the organisation and any additional conduct rules adopted by the organisation. Should I wish to resign as a member, I agree to signify my intention in writing to Family Legal Clinic before such resignation is accepted. I understand that the information I have provided may be used by the Family Legal Clinic to promote the services and benefits of sponsors and events.*

I DECLARE THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT. I HAVE ALSO READ ARTICLES 5 & 6 OF THE CONSTITUTION OF FAMILY LEGAL CLINIC PERTAINING TO MEMBERSHIP OF THE FAMILY LEGAL CLINIC.

SIGNATURE: _____

DATE: _____

