



NALP
The National Association of Licensed Paralegals
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APPLICATION FOR ASSOCIATE MEMBERSHIP

Dear Applicant,

Please fill in the form below and post back to the Association.

First Name/s

Surname.....Mr/Mrs/Miss/Ms

Address.....

.....

.....Post Code.....Email.....

Telephone No: Home.....Work.....

Mobile.....Work Email.....

Employer.....

Job Title.....

Associate Membership Entry Requirements

Higher Certificate Issue Date:.....

Or a legal qualification and /or Level 4/5 qualification or experience acceptable to the Association:

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Please post evidence of your qualifications along with this form to the Association

I am applying for Associate Membership £40.00 and enclose payment.

I am applying for Associate Membership £40.00 and have paid online.

I am interested in doing a Fellowship Award please email details of the subject I want to study:

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I am interested in becoming a Licensed Paralegal. Please email me with details on how to become a Licensed Paralegal

Declaration: I declare that I have read and meet the entry requirements for Association Membership

Signed.....Date.....