



NALP
The National Association of Licensed Paralegals
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APPLICATION FOR AFFILIATE 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 (if working).....

Job Title.....

Affiliate Membership Entry Requirements

Paralegal Practical Skills course Date:.....

ILEX Level 2 or Level 3. Legal Secretarial 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 my Affiliate Membership £30.00 and enclose payment.

I am applying for my Affiliate Membership £30.00 and have paid online

I am interested in doing the Higher Certificate in Paralegal Studies/ Post Graduate Diploma in Paralegal Practice/ Fellowship Award (circle applicable) Please email me details of this course,

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

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

Although not necessary, we would appreciate it if you would let us know something about yourself, your job, your ambitions, etc. Please write on the reverse of this form or on a separate sheet.