



NALP

**NALP**  
**The National Association of Licensed Paralegals**  
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## **AFFILIATE MEMBERSHIP RENEWAL FORM**

Dear Member,

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.....

- I am applying for my Annual Affiliate Membership £40.00 and enclose payment.
- I am applying for my Annual Affiliate Membership £40.00 and have paid online
- I am interested in doing the Level 4 Diploma in Paralegal Studies. Please email details
- I am Law Graduate and are interested in doing the Post Graduate Diploma in Paralegal Practice. Please email me details.

*Alternatively, visit the courses section of our website for full syllabus information & enrolment details*

<b>Declaration: I declare that I have read and meet the entry requirements for Affiliate Membership *</b>
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.

*\* All membership criteria details are available on the Associations website*