

Membership Application Form 2023/24

ritie:	Surname:	Forename:	
Email:			
Secondary Ema	iil:		
Telephone Nur	nber:	Mobile Number:	
Name and Address of Current Employer or Place of Study:			
Mailing Address for Print Magazine:			
Date of Admiss	ion as a Solicitor/Barrister/CILEx:		
Other Status (i.e. Trainee, Student, other Legal Professional):			
Practice Area(s) or Areas of Interest:			
Reason for Joining WHLS:			
How did you hear about WHLS? □ I'm a past member □ From a WHLS member □ From a colleague □ Internet search □ LinkedIn □ Twitter □ Instagram □ Other:			
Which WHLS So	ocial Media do you follow?		
Individual Mer	<mark>nbership</mark> as a new member □ I wish to rene	w my membership	
		g in the London postal areas of EC1-4, WC1-2, W1 IW3, NW5, NW8, SE1	
Not-for-Profit/	Non-Working/Retired Solicitor in th	e above London postal areas - £20	
Associate Men Solicitor not cu		siding inside the above London postal areas	
Barrister (Pract	ising or Non-Practising)		
Other Legal Professional (i.e. Judiciary, CILEx, Academic)			

*Associate Members enjoy the same rights as Full Members but are not entitled to vote at General Meetings of the Society

Paralegal Member - £15

Trainee Solicitor Member - £15

Includes those working under a training contract or period of recognized training or solicitor apprenticeship

Student Member - £10

Those who at the time of joining the Society study on a Qualifying Law Degree, Graduate Diploma in Law, Legal Practice Course, Bar Professional Training Course or Solicitor Qualifying Exam

Maternity Leave - £20

Membership for those on maternity leave, shared parental leave or adoption leave at time of renewal (or when taking out a new membership) will, as of February 2023, be £20

Corporate Membership

For more information and to discuss possible discounts, please contact cwhlawsoc@gmail.com.

Payment

Please transfer to our RBS Account:

THE CITY OF WESTMINSTER AND HOLBORN LAW SOCIETY

Sort Code: 160038 Account Number: 11403287

Reference your initials, surname and invoice number and email cwhlawsoc@gmail.com to confirm payment or request an invoice for payment by your firm.

I agree to be bound by the Society's Articles of Association (available on request from cwhlawsoc@gmail.com) and to update the Society with any changes to my contact or membership level details.

Electronic Signature	
Date	

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