

APIL MEMBERSHIP APPLICATION FORM

1 APRIL 2014 TO 31 MARCH 2015



Membership details		
Title	First Name	Surname
Professional address (include firm name if applicable)		Telephone
		Fax
		Postcode
Email		DX
How did you hear about APIL?		

Qualifications/training	
Branch of profession or occupation	Date of qualification or expected date
Please also indicate if you are a: Partner/senior partner/managing partner	Claimant percentage of your P.I. work
If applying as a student please indicate where you are studying/undergoing your training	

Please indicate, from the list below, which panel(s) you are a current member of:			
Law Society Personal Injury Panel		AvMA Panel	
Law Society Clinical Negligence Panel		Headway Panel	
Law Society of Scotland Medical Negligence Specialist		Spinal Injuries Association	
Law Society of Scotland Accredited Personal Injury Specialist			

Number of:	Partners in firm	Partners in PI department	Number of:	Fee earners in firm	Fee earners in PI department
0 to 1			0 to 5		
2 to 5			6 to 10		
6 to 10			11 to 20		
11 to 15			21 to 50		
16 to 20			51 to 100		
21 to 30			101 to 200		
31+			200+		
Alternatively please indicate if you are a sole fee earner				Yes/No	



INVESTOR IN PEOPLE

T: 0115 958 0585 **F:** 0115 958 0885 **E:** mail@apil.org.uk **W:** www.apil.org.uk

APIL, 3 Alder Court, Rennie Hogg Road, Nottingham, NG2 1RX. DX 716208 Nottingham 42

PAYMENT OF MEMBERSHIP SUBSCRIPTION FOR 2014-2015

By cheque

I enclose my cheque for:

Overseas EU* members, please include VAT £100.00 + VAT = £120.00 (overseas member)

Outside the EU

£100.00 (overseas)

£80.00 (web membership only)

(Cheques must be made payable to APIL in pounds sterling only)

By credit/debit card – please circle given card type

Visa debit/Switch (no transaction fee)

MasterCard/Visa credit/American Express. A £2.50 fee will be added to all credit cards transactions.

I wish to pay by the above and authorise you to debit my card account with the amount of £

£

My card number is

Start date

Expiry date

Issue no

Name (as on card)

Card Security Code

(This is the last 3 digits on the back of your card)

Signature

Cardholder's address

BACS payments will not be accepted for membership

A VAT receipt will be issued on receipt of payment

Declaration

Please make one declaration only and delete the other:

- (a) I wish to apply for membership of APIL as an **overseas member** and I declare that I practise in the field of personal injury law and act predominantly for the injured or victims of accidents and that I am sympathetic to the aims of APIL. *Overseas EU members, please include VAT, £100.00 + VAT = £120.00 (full overseas Economic Union member). Outside the EU £100.00 only.
- (b) I wish to apply for **web membership only** and I declare that I practise in the field of personal injury law and act predominantly for the injured or victims of accidents and that I am sympathetic to the aims of APIL. Outside the EU £80.00 only

I agree to subscribe to APIL's [code of conduct](#) and [consumer charter](#)* and will also advise APIL should my circumstances change in the future. *(Available to view at <http://www.apil.org.uk/Default.aspx>).

Signed _____ Date _____

☐ From time to time, APIL is contacted by other companies wishing to get in touch with our members. Whilst APIL does rely on this income, APIL appreciates that some of its members may not wish to be contacted in this way. If you do not wish to be contacted, please tick this box.

Please return to:

**Membership and Training Services, APIL, 3, Alder Court, Rennie Hogg Road, Nottingham, NG2 1RX
DX 716208 Nottingham 42. Telephone: 0115 958 0585, Fax: 0115 958 0885**