

# APIL MEMBERSHIP APPLICATION FORM

## 1 JANUARY 2015 TO 31 MARCH 2016

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

<b>Qualifications/training</b>	
Branch of profession/occupation/job title:	Admission date or expected date:*
Please indicate if you are a: partner/senior partner/managing partner/director/other:	
Of the PI work that you personally undertake what percentage is for the claimant?	
*If applying as a student please indicate where you are studying/undergoing your training	
Please give details of languages, other than English, that you speak at 'A' level standard or above:	

<b>Main areas of work</b>		
Please indicate your main areas of work (max. of 8)* from the following. (Once your membership has been approved sub-categories can be added at <a href="http://www.apil.org.uk/my-details.aspx">www.apil.org.uk/my-details.aspx</a> ).		
Accidents at work	Assault or abuse	Armed forces
Back or spinal injuries	Beauty treatments	Children
Criminal injuries	Education	Fatal accidents
Faulty products	Head or Brain Injuries	Horses, dogs and other animals
Human rights	NHS or private health claims	Pollution/environment
Professional negligence	Recreation and holidays	Road traffic accidents
Transport - specialised	Trips, slips and accidents in public places	Work/occupational health
*Members will need to apply for individual accreditation at senior litigator level or above for their details and areas of work to be viewed by the public. Details of our accreditation scheme will be sent to you once your application has been approved.		



# PAYMENT OF MEMBERSHIP SUBSCRIPTION FOR 2015-16

Membership fees can be found under each declaration below

## **By cheque**

I enclose my cheque for £

Overseas EU\* members, please include VAT £100.00 + VAT = £120.00

Outside the EU

£100.00

£80.00 (web membership only)

**(Cheques must be payable to APIL in pound 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 transaction fee will be added to all credit cards)

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

My card number is ..... Expiry date ..... Start date..... Issue no .....

Name (as on card) ..... Card security code ..... (last 3 digits on the back of the card)

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:

1 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 (**£100.00** without VAT for non EU members) or (**£120.00** including VAT for EU members including ROI)

2 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 [www.apil.org.uk/join-apil](http://www.apil.org.uk/join-apil)).**

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