

# APIL MEMBERSHIP APPLICATION FORM

## 1 APRIL 2021 TO 31 MARCH 2022



<b>Membership details</b>		
Title	First Name	Surname
Emails - work/personal:		
Professional address (include firm name if applicable)		
Postcode:	DX:	
Telephone/mobile:	Fax:	
Correspondence address for APIL communications such as the PI Focus publication		
Postcode:	Telephone/mobile:	
How did you hear about APIL,		
Have you held APIL membership before, please state previous number, firm or the name it was under:		

<b>Qualifications/training</b>	
Profession/occupation/job title:	Admission date or expected date:*
Please indicate if you are a: partner/senior partner/managing partner/director/other:	
The claimant percentage of the PI and/or CN work you personally do:	
*Student applicants please state your university/college/firm:	
Please indicate the course name/nature of your study:	
Are you working alongside your study; please state where and if full or part time:	
Please list the languages you speak at 'A' level standard or above, other than English:	

<b>Please include any other information that you may feel is relevant for your application or when attending an APIL event including any dietary needs:</b>
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INVESTOR IN PEOPLE

Number of:	Partners (directors) in firm	Partners (directors) 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	

### Main areas of work

Please indicate your **main** areas\* of work from the following. (Once your membership has been approved sub-categories can be added at [www.apil.org.uk/my-details.aspx](http://www.apil.org.uk/my-details.aspx)).

Abuse	Accidents at work	Accidents or illness abroad
Animals	Asbestosis/mesothelioma	Aviation
Back injury	Beauty treatment	Brain injury
Claims against injury lawyers	Clinical negligence	Criminal injuries
Defective premises	Defective products	Environment/pollution
Fatal accident	Head injury	Military
Occupational disease	Police/prison	Public liability
Road accident	Spinal cord injury	Sport injury
Trip or slip		

\*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.

**APIL is working to ensure that it becomes a diverse and representative association. To help us, you will be asked to provide some information on our Diversity webpage, once your membership has been granted. We encourage you to complete this as the information is vital to ensure that we provide a fair services to all.**

# DECLARATION

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 (£60.00, no VAT).

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 \_\_\_\_\_

By registering with us, you consent to us processing your personal data in accordance with our privacy policy statement ([www.apil.org.uk/privacy-and-cookies](http://www.apil.org.uk/privacy-and-cookies)). From time to time, we may also pass your information on to other companies who may inform you about their products and services which may be of interest to you. If you would like us to pass your details on to third parties for marketing purposes, please tick this box

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## PAYMENT OF MEMBERSHIP SUBSCRIPTION FOR 2021-22

Membership fees can be found under each declaration below

### **By cheque**

I enclose my cheque for £

Overseas membership £60.00, no VAT

or

Overseas web membership only £50.00, no VAT

**(Cheques must be payable to APIL in pound sterling only)**

### **By credit/debit card - please circle given card type**

Visa debit/Switch

MasterCard/Visa credit/American Express

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**

**Please return to Membership Services, APIL 3 Alder Court, Rennie Hogg Road, Nottingham NG2 1RX  
Telephone: 0115 943 5400**