

APIL MEMBERSHIP APPLICATION FORM

1 OCTOBER 2019 TO 31 MARCH 2020



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

Qualifications/training	
Profession/occupation/job title:	Admission date or expected date:*
*Student applicants please state your university/college/firm:	
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:	
Please list the languages, other than English, that you speak at 'A' level standard or above:	

Main areas of work		
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 www.apil.org.uk/my-details.aspx).		
Abuse or assault	Accident at work	Accidents involving animals
Accidents & illnesses abroad	Armed forces	Back or spinal injuries
Beauty treatments	Child injury	Criminal injury
Education	Environment/pollution	Fatal accidents
Faulty products	Head & brain injuries	Human rights
NHS and private health	Road accident	Sport injury
Train, ship & plane injury	Trips or slip	Work related illness
*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.		



NEW INFORMATION - please complete to help us with our work

Age:

16 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65+ Prefer not to say

Date of birth

Ethnic Group

What is your ethnic group?

Prefer not to way

Asian/Asian British

Bangladeshi
 Chinese
 Indian
 Pakistani
 Any other Asian background (please write in)

Black/African/Caribbean/Black British

Afrian
 Caribbean
 Any other Black/African/Caribbean/Black British background (please write in)

Mixed/multi ethnic groups

White and Asian
 White and black African
 White and black Caribbean
 White and Chinese
 Any other mixed/multiple ethnic background (please write in)

White

British/English/Welsh/Scottish/Northern Irish
 Irish
 Any other white background (please write in)

Other ethnic group

Arab
 Any other ethnic group (please write in)

Disability:

The Equality Act 2010 generally defines a disabled person as someone who has a mental or physical impairment that has a substantial and long term adverse effect on the person's ability to carry out normal day-to-day activities.

(a) Do you consider yourself to have a disability according to the definition above in the Equality Act?

Yes No Prefer not to say

(b) Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes No Prefer not to say

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 (**£115.00 without VAT for non EU members**) or (**£138.00 including VAT for EU members including ROI**). EU members who provide their VAT number do not have to include the VAT. *VAT number:

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 **£95.00** 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).

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). 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

PAYMENT OF MEMBERSHIP SUBSCRIPTION FOR 2019-20

Membership fees can be found under each declaration below

By cheque

I enclose my cheque for £

Overseas EU* members, please include VAT* £115.00 + VAT = £138.00 *(If you do not provide your VAT number, see below).

Outside the EU £115.00
£95.00 (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
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