# APIL MEMBERSHIP APPLICATION FORM
# 1 APRIL 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** | |
|---|---|
| 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 studing/undergoing your training | |
| Please give details of 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

**Ethnic group:**

What is your ethnic group?
☐ Prefer not to say

Asian / Asian British
☐ Bangledeshi
☐ Chinese
☐ Indian
☐ Pakistani
☐ Any other Asian background (write in) ☐

Black/African/Caribbean/Black British
☐ African
☐ Caribbean
☐ Any other black / Caribbean / Black British Background (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 (write in) ☐

White
☐ British / English / Welsh / Scottish / Northern Irish
☐ Irish
☐ Any other white background ☐

Other ethnic group
☐ Arab
☐ Any other ethnic group (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 ☐

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# 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**