

Application for WLA Membership - FOR INDIVIDUALS

MEMBERSHIP APPLICATION		
APPLICANT BASIC INFORMATION		
First Name	Middle Name	Last Name
Address:		
City:	State:	ZIP Code:
Date of birth:	Phone:	
Mobile Phone:	E-mail:	Fax:
Languages	1	2
PROFESSIONAL INFORMATION		
I AM A		
<input type="checkbox"/> In-house Counsel	<input type="checkbox"/> Practicing Lawyer	<input type="checkbox"/> Student
<input type="checkbox"/> Other		
SELECT MEMBERSHIP CATEGORY		
<input type="checkbox"/> Associate - \$50 <input type="checkbox"/> Executive - \$100 <input type="checkbox"/> Corporate - \$250 <input type="checkbox"/> Affiliate - \$100 <input type="checkbox"/> Honorary		
WHAT TYPE OF LAWYER ARE YOU?		
<input type="checkbox"/> Private Practitioner <input type="checkbox"/> In-house Counsel <input type="checkbox"/> Government/Public Lawyer		
<input type="checkbox"/> Academic Barrister Retired <input type="checkbox"/> Non practicing qualified lawyer		
PRACTICE AREAS		
<i>(PLEASE MENTION MAX. 6 PRACTICE AREAS)</i>		
SELECT ANY THREE SERVICES WHICH YOU MAY WISH TO SUBSCRIBE		
The services are FREE for the year 2014. <i>Please tick any three services. Subscription to the services FREE for 2014 IS SUBJECT TO your active use. Please ensure that you tick only those services which you intend to actively use and benefit from.</i>		
<input type="checkbox"/> Q&A Services <input type="checkbox"/> WLA Speakers Bureau <input type="checkbox"/> Mediation & Arbitration Center		
<input type="checkbox"/> Lawyer Referral Service <input type="checkbox"/> Legal Aid Register (PROBONO) <input type="checkbox"/> Legal Freelance Professional		
REFERENCES – IF YOU WISH TO GIVE ANY FOR MEMBERSHIP INVITATION		
Name	Address	Phone
1		
2		
BAR ADMISSION AND LAW SCHOOL INFORMATION (REQUIRED)		
Date of Admission in the Bar		Name of Institution of Study
TOTAL AMOUNT US\$ (IN WORDS)		
Place:		Date:

Contd. On Page 2

Please indicate your method of payment:

I AM PAYING

By Cheque / PO	No.	Date:	Bank:
By Cash			
Via Bank Transfer			
If paying by credit card please complete:			
Credit card type:	Visa	MasterCard	Amex
Cardholder's Name:			
Card No:			
CVV:			
Exp:			

All bank transfers must show applicant's name as shown on this application form. Occasionally, information received from banks is incomplete, making it difficult to credit the appropriate member. A copy of the Bank Transfer Advice **MUST** be attached to the application form and sent to: World Law Alliance, W-122, Greater Kailash-2, II Floor, New Delhi-110048 or you can also send a scanned copy by mail at accounts@worldlawalliance.com. **World Law Alliance is a Global Association managed by World Law Advocacy Foundation***

By signing this application, I hereby apply for membership in the World Law Alliance and agree to conform to its Constitution and Bylaws and to the rules and regulations prescribed by its Board of Directors.

I declare that the information contained herein is true and complete. I understand that any false statements made on this application will lead to rejection of my application and/or the immediate termination of my membership. I also understand that by providing my fax number and e-mail address, I hereby consent to receive faxes and e-mail messages sent by or on behalf of the World Law Alliance, the the World Law Alliance Trust, and its Partners.

Signature of Applicant
(Signature must be included for membership to be activated)

Payment to be made in favor of: "World Law Advocacy Foundation"
World Law Advocacy Foundation is a Sec25 Not-For-Profit Company registered under the companies' act 1956.

Lawrel Winners Advisory Advocacy and Law Network Pvt Ltd.

PAN NO.: AANCS2092L
Service Tax NO.: AANCS2092LST001

Corporation Bank
Account #:0286001601006610
Account Type : CBCA
MICR CODE :110017005

IFSC CODE : CORP0000286
SWIFT CODE : CORPINBB286
NEFT : CORP0000286
RTGS : CORP0000286