

## Membership Form 2017

### Name

Title: (Ms. Mr. etc) \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

For Group Membership, please give name of primary contact. Additional list of email addresses for others within your organisation who wish to receive information direct should be given overleaf.

### Organisation (to be completed by all applicants)

Organisation Name: \_\_\_\_\_

**Correspondence details**      organisation       home       (please tick appropriate box)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Dx: \_\_\_\_\_

### Individual Membership

|   | *London |                          | Out of London |                          |
|---|---------|--------------------------|---------------|--------------------------|
| • Barristers over 10 years' call and solicitors over 10 years PQE holding a practising certificate            | £200.00 | <input type="checkbox"/> | £100.00       | <input type="checkbox"/> |
| • Barristers between 5-10 years' call and solicitors between 5-10 years PQE holding a practising certificate  | £150.00 | <input type="checkbox"/> | £75.00        | <input type="checkbox"/> |
| • Barristers of less than 5 years' call and solicitors less than 5 years PQE holding a practising certificate | £120.00 | <input type="checkbox"/> | £60.00        | <input type="checkbox"/> |
| • Individual members including solicitors without practising certificate                                      | £100.00 | <input type="checkbox"/> | £50.00        | <input type="checkbox"/> |
| • Pupil barristers and full time students   | Free    | <input type="checkbox"/> | Free          | <input type="checkbox"/> |

\*Firm or barrister with an office or chambers in a London borough. Individual with a subscription address in a London borough.

### Discounts

**10% discount for members who pay by standing order**

I enclose a cheque made payable to: **Housing Law Practitioners' Association**

I enclose a standing order mandate for HLP A to send to my bank

Please see over for Group Membership

**Group Membership:**

|   | <b>*London</b>                   | <b>Out of London</b>             |
|---|----------------------------------|----------------------------------|
| • Solicitors' firms with 10 or more fee earners involved in housing work    | £800.00 <input type="checkbox"/> | £400.00 <input type="checkbox"/> |
| • Solicitors' firms with 6 or more fee earners involved in housing work     | £500.00 <input type="checkbox"/> | £250.00 <input type="checkbox"/> |
| • Solicitors' firms with 4 or more fee earners involved in housing work     | £400.00 <input type="checkbox"/> | £200.00 <input type="checkbox"/> |
| • Solicitors' firms with 3 or fewer fee earners involved in housing work    | £300.00 <input type="checkbox"/> | £150.00 <input type="checkbox"/> |
| • Not for profit and voluntary organisations with 3 or more housing workers | £200.00 <input type="checkbox"/> | £100.00 <input type="checkbox"/> |
| • Not for profit and voluntary organisations with 2 or less housing workers | £100.00 <input type="checkbox"/> | £50.00 <input type="checkbox"/>  |

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**Discounts**

**10% discount for members who pay by standing order**

I enclose a cheque made payable to: **Housing Law Practitioners' Association**

I enclose a standing order mandate for HLPAs to send to my bank

**Please list the names and email addresses of all fee earners involved in housing work so that HLPAs mailings for members including meeting notifications can be sent direct to each individual**

|    | Name | Email address |
|----|------|---------------|
| 1  |      |               |
| 2  |      |               |
| 3  |      |               |
| 4  |      |               |
| 5  |      |               |
| 6  |      |               |
| 7  |      |               |
| 8  |      |               |
| 9  |      |               |
| 10 |      |               |
| 11 |      |               |
| 12 |      |               |
| 13 |      |               |
| 14 |      |               |
| 15 |      |               |

**In accordance with the requirements of the Data Protection Act I agree that I can be contacted by the Executive Committee to assist in the development of HLPAs.**  (please tick)

**I would like to be included in HLPAs public directory of member firms.**  (please tick)

**I support the objects of HLPAs as specified in Paragraph 3(A) of the Memorandum of Association of HLPAs Limited.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_