

Name

Title: (Ms. Mr. etc) _____

First Name: _____

Last Name: _____

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: _____

Category of Membership:

Group Membership

	*London	Out of London
Solicitors' firms with ten or more fee earners involved in housing work	£800.00 <input type="checkbox"/>	£500.00 <input type="checkbox"/>
Solicitors' firms with six or more fee earners involved in housing work	£500.00 <input type="checkbox"/>	£175.00 <input type="checkbox"/>
Solicitors' firms with four or more fee earners involved in housing work	£350.00 <input type="checkbox"/>	£150.00 <input type="checkbox"/>
Solicitors' firms with three or fewer fee earners involved in housing work	£250.00 <input type="checkbox"/>	£125.00 <input type="checkbox"/>
Not for profit and voluntary organisations with two or more housing workers	£150.00 <input type="checkbox"/>	£75.00 <input type="checkbox"/>
Not for profit and voluntary organisations with less than two housing workers	£100.00 <input type="checkbox"/>	£50.00 <input type="checkbox"/>

Please attach an additional list of email addresses for others within your organisation who wish to receive information direct.

Individual Membership

Barristers of more than ten years' call	£150.00 <input type="checkbox"/>	£75.00 <input type="checkbox"/>
Barristers between five and ten years' call	£120.00 <input type="checkbox"/>	£60.00 <input type="checkbox"/>
Barristers of less than five years' call	£100.00 <input type="checkbox"/>	£50.00 <input type="checkbox"/>
Individual members (not falling into another category)	£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.

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

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

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

Signed: _____ Date: _____

Standing Order Mandate

To: the Manager

Bank/Building Society: _____

Address: _____

Postcode: _____

Bank sort code: _____

Customer Account name: _____

Customer Account number: _____

Please set up the following Standing Order and debit my/our account accordingly:

Account name: Housing Law Practitioners' Association

Account number: 81343076

Bank Sort Code: 40 06 19

Bank Name: HSBC Bank plc
Gloucester Road

Reference No: _____ (to be quoted on Bank Statement)

Amount: _____

Date of First Payment: _____

Date of Usual Payment: 1st January

Frequency: Annually

Please cancel all previous standing orders to the Housing Law Practitioners' Association

Signature: _____

Date: _____

Please return this form to:

HLP
London City Forum
Unit 13
250 City Road
London
EC1V 2PU