## BARRISTER MEMBERSHIP APPLICATION FORM



Each barrister wishing to be listed on the ALEP website under their Chambers profile must complete an individual application form and submit it with their Practising Certificate and the correct payment (£160 + VAT = £192).

Please note that any information provided may be used by the Committee to establish whether to accept the application for membership. The information will be treated in strictest confidence and in accordance with our Privacy Policy, which can be found online at alep.org.uk. The Committee reserves the right to request any additional information in relation to this application.

PLEASE COMPLETE IN CAPITALS.

YOUR DETAILS	
Name: Mr/Ms/Mrs/Other:	
Name of Chambers:	
Address:	·
	Postcode:
Telephone:	Email:
Website:	
Bodies of which you are personally a member:	
Bodies of which your Chambers is a member/accre	ditations held by your Chambers (if applicable):
YOUR EXPERIENCE  How long have you practised in the field of leasehold	ld enfranchisement? years.
Please indicate your year of call:	
Advocacy: Please give the approximate number of Court of Appeal, High Court, County Court, Lands T	
Paperwork/advice: Please give the approximate not the past 12 months (not including those already cov	umber of enfranchisement cases you have advised on inversed under 'Advocacy'):

On a separate piece of paper, please list any reported enfranchisement decisions/significant enfranchisement cases, as appropriate.

## In the following tables please give details of two cases: Case one: Case name Case description (100 words max) Instructing solicitor Opposing counsel Outcome (if concluded) Case two: Case name Case description (100 words max) Instructing solicitor Opposing counsel Outcome (if concluded)

YOUR REFERENCES

Please provide details of two professionals from whom we may obtain references <u>by telephone</u> (either two solicitors or one solicitor and one valuer). Please note that these references are for internal ALEP use only. You must also sign the declaration overleaf.

Referee one:		
Name: Mr/Ms/Mrs/Other:		
Position:	Organisation:	
Telephone:	Email:	
Address:		
Is the referee associated with case outlined on	this application?:	
Referee two:		
Name: Mr/Ms/Mrs/Other:		
Position:	Organisation:	
Telephone:	Email:	
Address:		
Is the referee associated with case outlined on	this application?:	
I certify that I am qualified to make an application to join ALEP as per the Association's constitution (available on www.alep.org.uk). I confirm that the statements contained in this application are true.  I confirm that I have read and will abide by ALEP's Articles of Association (available <a href="here">here</a> ) and its Constitution (available <a href="here">here</a> ).  I confirm as proposed member of ALEP (a Company Limited by guarantee) that if my application for membership is successful that I agree to contribute £1.00 in the event that the Company is wound up.  A partner, director or principal of your organisation must sign this declaration.  Name (please print): Date:		
Please return this application form and a copy of your <u>Practising Certificate</u> to <b>ALEP, The Workshop, 32-40 Tontine Street, Folkestone CT20 1JU.</b> If you require further information, please contact ALEP via email <u>info@alep.org.uk</u> .		
(Please tick method of payment.)	I wish to pay by BACS	
Cheques will only be processed once membership is accepted. If paying by BACS, we will inform you of the bank account details once your application has been approved.	Cheque enclosed made payable to 'ALEP'	
	(£160 plus VAT = £192)	

We will hold and process your personal information on our systems for the purposes of administration, customer service and marketing. Association of Leasehold Enfranchisement Practitioners Limited. Registered address: c/o Cannon & Co, Unit 1a, Park Farm Road, Folkestone CT19 5EY. Company number 6262300. Registered in England and Wales. VAT Number: 918 7756 74