

CLSA full membership application/update



Please use this form to provide details of your firm, the lead solicitor (the direct debit and firm membership will be linked to that person) and all at your firm who you wish to join to the CLSA.

Email the completed form to admin@clsa.co.uk or send to CLSA, Suite 2 Level 6, New England House, Brighton, BN1 4GH, or DX 2740 Brighton.

Firm Details

Firm Name

Firm Email

Firm Website

Main Office Address *(postcode must be provided)*

Address City/town County

Postcode Tel No. DX No & Area

Out of hours contact Tel No.

Add additional office/s or

Additional Office Address *(postcode must be provided)*

Address City/town County

Postcode Tel No. DX No & Area

Out of hours contact Tel No.

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Lead applicants details – this must be a solicitor

Full Name Postcode of office

Practice cert no. Year of admission as a solicitor

Email address

Additional language(s) spoken

Opt-in membership services: Please mark with a X if you DO wish to join the

CLSA eGroup CLSA eAlert Online members' directory

Complete if you wish to accept agency instructions/referrals/public inquiries and list venues. (maximum of 3 each)

Magistrates Courts

Police Stations

Crown Courts

Crown Courts Advocacy

HCA Yes No Year Higher Rights attained QASA grading predicted actual

Accept instructions on Guilty plea cases Yes No Accept instructions on trials Yes No

I confirm that I have authority to join additional members listed below and I have consent for the details contained on this application form being held on a computer database and being published in such form as the CLSA considers appropriate for the benefit of the membership. I consent to the details being transferred to countries or territories outside the European Economic Area for the purposes of publication of members' details on the internet. I understand that I may withdraw this consent by giving notice to the CLSA at any time. I confirm that I will abide by the Rules of the CLSA. I will inform the CLSA of any changes to the status of those listed on this application.

By typing my name and the date below, I am electronically signing and dating the application.

[To read CLSA Privacy Notice please click here](#)

Signed

D D M M Y Y Y Y

(go to next page if you require additional members form)



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