CLSA Full Membership Update - CLSA Membership No. If known

Please use this form to provide your details and email the completed form to admin@clsa.co.uk

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.

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 Group 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 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 CLS 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

Submit form