



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-out membership services: Please mark with a X if you DO NOT 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

Signed

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