

Membership Application Form



SOBAL

SOCIETY OF BRITISH ARGENTINE LAWYERS

Personal Details

Surname

First Name

Salutation

Mr/Mrs/Ms/Miss/Dr/Prof/Other

Name Used

Date
of Birth

Firm/Organisation

Job
title

Address 1

Address 2

City

County

Country

Code

DX

Telephone

Fax

Email

Mobile / Cell

*I wish to become a member of the Association
and agree to abide by its Constitution:*

Signature _____

Date ____ / ____ / ____

Membership Categories:

Ordinary / Associate / *Corporate / **Student /
***Honorary

*Corporate memberships fall within the Ordinary Membership
category, with a maximum of four representatives.

**Students, trainee solicitors, trainee legal executives and pupil
barristers must notify the Membership Secretary as soon as they
become eligible for full Ordinary Membership fees.

*Honorary membership is by invitation only and is not subject to
any membership fees.