

Membership Renewal Form



SOBAL

SOCIETY OF BRITISH ARGENTINE LAWYERS

Personal Details

Surname

First Name

Salutation

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

Name Used

Firm/Organisation

Address 1

Address 2

City

County

Country

Post Code

DX

Telephone

Fax

E-mail

I wish to renew my membership of the Association and agree to abide by its Constitution:

Signature _____

Date ____ / ____ / _____

Category Membership

Full / Associate / Corporate / Student

(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)