

Individuals details

Forename

Surname

Telephone

Fax

email

Date of birth

Address

Please select the type of membership that interests you:

Full Member

Associate Member

Overseas Member

Business details

Forename

Position in organisation

Principal business address

Length of time spent with organisation and in what capacity

If time with the organisation is less than 5 years please give details of other firms in which you have been employed in the last 5 years

Additional information

Full or Associate Member Application

Full name of the Full Member of the ILA who has agreed to act as referee for the purposes of your application

Date when received authorisation to act as an Insolvency Practitioner (if applicable)

Additional information (continued)
Overseas Member Application

Full name of referee, either a Full Member or alternatively a suitable referee in the overseas jurisdiction (please supply contact address for overseas referee).

I agree that the ILA may contact the referee nominated by me to obtain a reference for the purpose of this application.

Details of technical insolvency/restructuring advice and/or insolvency administration carried out in the past 3 years (If you require extra space please attach an additional sheet).

Please Note:

A member is under an obligation to notify the Secretary by notice in writing of any change of address.

I ACCEPT THAT, IN ACCORDANCE WITH ARTICLE 8 OF THE ARTICLES OF ASSOCIATION, THIS APPLICATION IS DEEMED TO CONSTITUTE A WARRANTY THAT THE CONTENTS OF THE APPLICATION ARE TRUE.

BY SIGNING THIS FORM I AGREE TO RECEIVE NOTICES AND OTHER COMMUNICATIONS FROM THE INSOLVENCY LAWYERS' ASSOCIATION LIMITED BY EMAIL.

I APPLY TO BE ADMITTED AS A MEMBER OF INSOLVENCY LAWYERS' ASSOCIATION LIMITED ON THE TERMS OF THE MEMORANDUM AND ARTICLES OF ASSOCIATION FOR THE TIME BEING IN FORCE AND AGREE TO BE BOUND BY THOSE TERMS.

I ENCLOSE A CHEQUE FOR THE SUM OF £323.15 (£275 PLUS VAT AT 17.5%) OR OVERSEAS MEMBER FEE OF £141 (£120 PLUS VAT AT 17.5%) IN RESPECT OF MY ANNUAL SUBSCRIPTION TO INSOLVENCY LAWYERS' ASSOCIATION LIMITED.

Signature of applicant

Date

Once completed this form should be sent to;

The Insolvency Lawyers' Association
c/o Christopher Mallon / Sian Ellis
40 Bank Street
Canary Wharf
London E14 5DS