

## THE INSTITUTE OF LEGAL SECRETARIES AND PAS

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## Membership Application

		dicated to your career every step of the Renewal Lifetime	e way.
PLEASE READ THIS FORM CAREF	FULLY AND COMPLETE THE APP	PROPRIATE SECTIONS IN CLEAR HANDWRITIN	NG
Personal Details			
Mr/Mrs/Miss/Ms First Name:		Surname:	
e-mail:			
Tel No.:		D.O.B:	
Address:			
		Post Code:	
Employer:			
Membership			
If applying for Affiliate, Associate or F qualifications or experience. ILSPA St		ase enclose a copy of your CV for verifications for Affiliate status.	tion of
INDICATE BELOW WHICH LEVEL OF MEM	BERSHIP YOU WOULD LIKE TO	APPLY FOR:	
Student Membership	Trainee Legal Secretaries.		
Affiliate Membership	Open to those who have gained the Legal Secretaries Diploma through The Institute of Legal Secretaries and PAs or an equivalent legal secretarial qualification. Law graduates are also eligible for Affiliate Membership.		
Associate Membership	Open to those who have a legal secretarial qualification plus at least one year's legal secretarial experience or at least two years' experience as a Legal Secretary.		
Fellowship Membership	Open to those who have a legal secretarial qualification with at least four years' legal secretarial experience or at least six years' experience as a Legal Secretary.		
Membership Fee			
The fee is £50 for Annual Membership Institute of Legal Secretaries and PAs of		rship. Please make your cheque payable to card authorisation here:	The
Card Number:		Security Code:	
Name on Card:	Expir	y Date:	