



Professional Negligence Lawyers' Association
PO Box 1685
CONGRESBURY
Bristol
BS49 5WQ

Telephone: 0117 905 5316
Fax: 0117 905 5316
Email: yvonne.fairbrother@pnla.org.uk

Application for firm membership
for 1st September 2017 to 31st August 2018

"Firm" includes Sole Practitioner, Partnership, Limited Liability Partnership, Limited Company

NAME OF FIRM

FIRM REPRESENTATIVE'S FULL NAME

FIRM REPRESENTATIVE'S E-MAIL ADDRESS

SRA /BSBNUMBER (if applicable)

FIRM'S MAIN ADDRESS

TELEPHONE NUMBER

FAX NUMBER

DX NUMBER

FIRM'S E-MAIL ADDRESS

FIRM'S WEBSITE ADDRESS

Areas of Speciality – see website www.pnla.org.uk for main list. Please list those areas of professional negligence you specialise in. This may be used for the purposes of cross referrals.

Do you offer Public Funding	YES	NO
Do you offer Conditional Fee Agreements	YES	NO
Do you offer Mediation services?	YES	NO

Training

To help us plan our training seminars and other initiatives, we should be grateful if you could answer the following questions:

Approximately how many negligence cases does the firm manage per year?

What percentage is this of the firm's overall work?

What topics would you like to see being provided on professional negligence training courses?

What information would you like to have shown against your entry in the PNLA website?

If you require photographs of your team leaders on the website, please email a low resolution jpg or similar to yvonne.fairbrother@pnla.org.uk

Please provide a list of your fee-earning staff who carry out professional negligence work from time to time and who may wish to avail themselves of the benefits of membership: This list will be used to keep them informed of the various activities of the PNLA. Please use an additional sheet if required. Any members of your staff not on this list who wish to attend seminars and conferences sponsored by the PNLA will not be able to avail themselves of the members rates, so please keep us informed of any changes.

NAME	E-MAIL ADDRESS	SRA/BSB/FILEX NUMBER (if applicable)	OFFICE (if applicable)

I confirm that the above information is accurate and attach the firm's subscription fee cheque in the sum of

£

in accordance with the schedule below, made payable to "The Professional Negligence Lawyers' Association".

Please send the form, together with payment, to the membership registration department at the address above. Alternatively, you can pay by bank transfer – see our bank details at the bottom of the next page.

Signed.....

Name in Capitals

Dated.....

FIRM MEMBERSHIP SUBSCRIPTION SCHEDULE

FOR THE YEAR TO 31 AUGUST 2017

NUMBER OF FEE EARNERS	COST £
1	125
2	225
3	325
4	420
5	510
6	600
7	685
8	750
9	800
10	850
OVER 10	ON APPLICATION

You can pay your subscriptions by bank transfer:

Bank: HSBC

Account name: Professional Negligence Lawyers' Association

Account Number: 81367692

Sort Code: 40-17-50

For overseas members:

IBAN account number: GB18MIDL40175081367692

SWIFT CODE: MIDLGB2126J



<PLEASE SEPARATE AND SEND TO YOUR BANK>

Standing order Mandate

To _____ Bank

Address

Please pay HSBC Clevedon

Credit to **Professional Negligence Lawyers' Association.**

Sort code 40-17-50 Account Number 81367692

Amount £ _____ AMOUNT _____

Commencing immediately and payable 1st September annually Until Further Notice.

Signature _____

Date _____