



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](mailto:yvonne.fairbrother@pnla.org.uk)

**Membership Renewal for firm membership  
for 1<sup>st</sup> September 2017 to 31<sup>st</sup> August 2018**

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

NAME OF FIRM

FIRM REPRESENTATIVE FULL NAME

FIRM REPRESENTATIVE E-MAIL ADDRESS

SRA /BSBNUMBER *(if applicable or if changed)*

FIRM'S MAIN ADDRESS *(only if changed)*


TELEPHONE NUMBER *(only if changed)*

FAX NUMBER *(only if changed)*

DX NUMBER *(only if changed)*

FIRM'S WEBSITE ADDRESS *(only if changed)*

Areas of Speciality (***only if changed***) – see website [www.pnla.org.uk](http://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.

***only if changed:-***

Do you offer Public Funding	YES	NO
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Do you offer Conditional Fee Agreements	YES	NO
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Do you offer Mediation services?	YES	NO
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What information would you like to have shown against your entry in the PNLA website (***only if you require changes***)?

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](mailto: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

£
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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

***Also includes - Standing Order Mandate (see attached)***



<PLEASE SEPARATE AND SEND TO YOUR BANK>

Standing order Mandate

To \_\_\_\_\_ Bank

Address

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Please pay HSBC Clevedon

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

Sort code 40-17-50          Account Number 81367692

Amount £ \_\_\_\_\_ AMOUNT \_\_\_\_\_

Commencing immediately and payable 1<sup>st</sup> September annually Until Further Notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_