

DECLARATION BY PROPOSER

PROPOSER'S NAME _____ Membership No _____

Firm's name _____

Address _____

Town _____ Postcode _____

DX _____ Tel: _____

Fax: _____ email _____

1. State how long you have known the applicant professionally
2. If the applicant has stated on the application form that he/she wishes his/her services to be listed on the Resolution website for referral purposes, are you completely happy for other members to contact the applicant for this purpose? (Tick) YES NO

I declare that:

- (a) I am a full member of Resolution
- (b) All of the above information is true
- (c) I consider the applicant a suitable person to be an affiliate member of the association
- (d) I understand that a false declaration may result in termination of my own membership of the association

Signed _____

Date _____

APPLICATION
FOR
AFFILIATE MEMBERSHIP
OF
RESOLUTION

RESOLUTION CENTRAL OFFICE, PO Box 302, Orpington BR6 8QX. DX: 154460 Petts Wood 3

Office use only

Date of election _____

Membership number _____

APPLICATION FOR AFFILIATE MEMBERSHIP OF RESOLUTION

Mr. Mrs. Miss. Ms. Other. _____

Forenames _____

Surname _____

Firm's name _____

Address _____

Town _____

Postcode _____

DX: _____

Tel: _____

Fax: _____

Email address: _____

Firm's email: _____

Firm's Website: _____

Category: (please tick below)

SUBSCRIPTION FEE 2010

Date of joining Jan-Jun Jul-Dec

<input type="checkbox"/> Law lecturer/academic	£99.00	£49.50
<input type="checkbox"/> Trainee solicitor	£99.00	£49.50
<input type="checkbox"/> Lawyer from other jurisdiction	£99.00	£49.50
<input type="checkbox"/> Mediator (Resolution trained/converted)	£99.00	£49.50
<input type="checkbox"/> Mediator * (other than Resolution trained)	£99.00	£49.50
<input type="checkbox"/> Expert witness * (please specify which area of expertise) Max 25 letters _____	£99.00	£49.50

<input type="checkbox"/> Family therapist/counsellor *	£99.00	£49.50
<input type="checkbox"/> Independent financial advisor *	£99.00	£49.50
<input type="checkbox"/> Barrister	£99.00	£49.50
<input type="checkbox"/> Guardian ad litem *	£99.00	£49.50
<input type="checkbox"/> Non practising solicitor	£99.00	£49.50
<input type="checkbox"/> Law student	£29.00	£14.50
<input type="checkbox"/> Members on parental leave/career break/long term sick Leave	£29.00	£14.50
<input type="checkbox"/> Judges	£99.00	£49.50
<input type="checkbox"/> Retired solicitors/ judges/ law lecturers	£29.00	£14.50
<input type="checkbox"/> Other (please specify)	£99.00	£49.50

Categories marked * must belong to a professional association.

Please give name and address of Association and date you became a member.

Professional Association _____

Address _____

Tel no _____ Date of joining _____

Do you wish your contact details to go into the directory of affiliate members on the Resolution website? (Please tick) YES NO

I enclose a cheque made payable to Resolution for £

Please do not include membership fee with any other fee e.g. publications, seminars etc.

I have read and confirm that I support the principles of the Resolution Code of Practice.

Applicant's signature _____ Date _____

BEFORE RETURNING YOUR APPLICATION FROM, PLEASE CHECK:

1. You have signed the application form above
2. Page 3 has been completed and signed by your proposer
3. You have enclosed a cheque for the correct subscription