

APPLICATION TO JOIN THE ADMIRALTY BAR GROUP

1. Type of Membership Required (please indicate): Individual / Chambers / Associate
2. Full Name:
3. Business Address:
4. E-mail address for all communications:
5. Are you (please indicate):
 - a. Barrister in independent practice (please give year of call)
 - b. Employed barrister
 - c. Arbitrator
 - d. Retired Judge
 - e. Other (please specify)
6. Are you a QC? (Y/N)
7. If a self-employed barrister, name of chambers:
8. If employed, name of employer:
9. Do you consent to the above information being available on the ABG website (Y/N)

I agree to abide by the rules of membership
(NB annual membership is payable by direct debit only).

.....
Signed

.....
Date

Please email this form when completed to: admin@admiraltybar.org

Or return by post to Admiralty Bar Group, Quadrant Chambers, 10 Fleet Street, London EC4Y 1AU.