



Pan-European Organisation of Personal Injury Lawyers

Application for Membership

Special Offer: Join now, get rest of 2013 free and pay only half price for 2014

Membership Details: (PLEASE USE CAPITAL LETTERS)

Title: _____ Preferred First Name: _____

Surname: _____

Branch of Profession or Occupation: _____

Date of Qualification: _____

Professional Address & Firm Name (if applicable) / Student Institution

E-mail: _____

Telephone No.: _____ Fax No. _____

DX Number*: _____

** If applicable. Affects UK, France & Belgium only.*

Declaration

Please read carefully because the accuracy of your declaration is important. Please make **one declaration only and delete the other two.**

1. I wish to apply for membership of PEOPIL as a **practitioner member** and I declare that I practice in the field of personal injury law.
2. I wish to apply for membership of PEOPIL as an **academic member** and I declare that I am sympathetic to the objectives of PEOPIL.
3. I wish to apply for membership of PEOPIL as a **student member** and I declare that I am undergoing legal training and am sympathetic to the aims of PEOPIL.

Signed: _____ Date: _____

Payment of Membership Subscription

The membership fee can either be paid in UK Sterling or Euros. If paying directly into the bank, please pay into the appropriate account.

Members

- | | | | | |
|--------------------------|---|------|----------------|-----|
| <input type="checkbox"/> | I enclose annual subscription (practitioner member) of | Euro | 250 | 125 |
| <input type="checkbox"/> | I enclose annual subscription (1-5 years qualified) of | Euro | 460 | 80 |
| <input type="checkbox"/> | I enclose annual subscription (academic member) of | Euro | 460 | 80 |
| <input type="checkbox"/> | I enclose annual subscription (student member) of | Euro | 50 | 25 |

Method of Payment

By cheque

I enclose cheque for £ _____ € _____
(Please make cheques payable to PEOFIL) (Payment must be made in STERLING OR EUROS)

By credit / debit card

I wish to pay by MasterCard/ Visa/ Delta /Switch. *(note: we are not accepting American Express)*

I wish you to debit my MasterCard/ Visa/ Delta /Switch.

Account with the amount of £ _____

My card number is: _____

Expiry Date: _____

Name *(as on card)*: _____

Cardholder's Address: _____

Postcode: _____

Signature: _____

By bank transfer *(Applicants choosing this option must still complete and return this form)*

Sterling Account No. 1015883
SWIFT CODE: LOYDGBL2
Euro Account No. 86018886
IBAN*: GB38 LOYD 3096 1886 0188 86
BIC:** LOYDGB21069

Account Name: PEOFIL
Sort Code: 30 - 96 - 18

Bank Address: LLOYDS BANK
OLD MARKET SQUARE
NOTTINGHAM NG1 6FD
ENGLAND
U.K.

Date payment made: _____

Please return to:

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Birmingham B2 5DB
England, UK
Fax +44 (0)121 643 94 05