

POLOKWANE SOCIETY OF ADVOCATES

APPLICATION FORM APPLICATION FOR MEMBERSHIP

I hereby apply for membership of the Polokwane Society of Advocates ("the Society").

About the applicant

1. Full name:
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Name by which you prefer to be called:
2. Home address:
.....
..... Postal code:
Phone No: Cell:
Fax No:
E-mail address:
3. Work address:
.....
..... Phone No:
4. Date of birth:
5. Date of pupillage was completed:
6. Which Bar Association pupillage was done:
7. Are you currently a member of another Constituent Bar of the GCB: [] Yes [] No
8. If Yes, name of the bar:
9. How long have you been a member:

10. Race:

11. Sex: Female Male

12. Are you disabled? Yes No

If so, provide details:

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13. Do you want dual membership or sole membership of this bar? Yes No

14. If dual membership provide reasons:

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15. Do you want to occupy chamber in Polokwane? Yes No

16. If no, state reasons:

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Applicant

This application is approved or not approved:

**Chairman of the Polokwane
Society of Advocates**
