



APPLICATION FOR MEMBERSHIP TO THE ADVOCATES ASSOCIATION OF JAMAICA

1. Name: _____
Surname First Middle

Home Address: _____

Chambers: _____

Telephone: _____ Fax: _____

Email: _____

2. Date of Admission to Practice: _____

3. Does your practice predominantly consist of: (tick where appropriate)

- a. Civil Advocacy
- b. Criminal Advocacy
- c. A balance of a. and b. above
- d. Other (please indicate below)

4. In which courts do you regularly practise?

Resident Magistrate

Gun Court

Supreme Court

Court of Appeal

Other (explain) _____

5. What are your reasons for wishing to join the Association?

6. Are you a member of any Bar Association or other association of Lawyers? Yes No

If yes, please state _____

7. a. Have you ever been disbarred or disciplined or are you the subject of any disciplinary action now pending in any jurisdiction? Yes No

b. Have you ever been convicted of any criminal offence in Jamaica or any other jurisdiction or are you now the subject of any charge of a criminal nature now pending against you in Jamaica or in any other jurisdiction? Yes No

If the answer is yes, please attach details.

I _____

DO HEREBY APPLY to become a member of the ADVOCATES ASSOCIATION OF JAMAICA and I undertake to abide by the Constitution, to work to fulfill its AIMS and OBJECTIVES and to pay the annual subscription of

_____ \$ _____

Signature: _____

Date: _____