Please send this form along with a copy of your professional indemnity certificate, one years completed accounts and your cheque made payable to PALS for £200 plus £27.70 for each owner/partner/director (this payment is for individual CRB checks) to the address below.

The Professional Association of Legal Services (PALS)
9 Morston Court
Aisecomb Way
Weston-super-Mare
North Somerset
BS22 8NA

IN CONFIDENCE

Print Form

Application to join PALS

Full name of Organisation or personal applicant

Address

Postcode

Company Registration

Email

Number of Wills stored

Type of business

Goegraphical coverage

How long have you been trading in legal services?

Professional qualifications

Ongoing servicing responsibilities to clients

Breakdown of fee income by activity per year e.g. number of Wills, probate etc

Name of professional indemnity insurer

Policy number and renewal date of professional indemnity policy

Have you made any claims or notifications

If yes please give detaills

Membership of other organisations

The Professional Association of Legal Services (PALS)
9 Morston Court
Aisecomb Way
Weston-super-Mare
North Somerset
BS22 8NA

pals
Ensuring continuity of service to its members' clients

Financial services act

Have you ever been convicted of an offence (except parking)?

Have you ever been bankrupt?

Have you ever had any high / County Court judgement against you?

If you have answered 'yes' to any of the above, please elaborate in the notes section below

NOTES:

Why do you want to join PALS?

Declaration

I understand membership is subject to and at the discretion of the Executive Committee and is renewable annually by invitation of the Executive Committee. The above facts are correct and may be taken as part of any further contract.

I adopt and subscribe to the PALS constitution
I permit PALS to advise other members of my membership and contact details
I permit PALS to disclose my membership to clients and on the PALS website
I understand communication with members will be solely by email

Signed: _____ Date: _____

PRINT FULL NAME

On behalf of

Position within organisation

PALS declares that any information given will be in respect of the above post. Any information supplied will be in strictest confidence and used only in accordance with the relevant guidance.