



**APPLICATION FOR MEMBERSHIP (LAW FIRM)**

1. Name of Firm: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**4. Particulars of Law Firm**

i) Form of entity [partnership/sole proprietorship, etc]: \_\_\_\_\_

ii) Year of formation: \_\_\_\_\_

iii) Location of office(s): \_\_\_\_\_

iv) Number of partners: \_\_\_\_\_ v) Number of employees: \_\_\_\_\_

vi) Practice areas/groups: \_\_\_\_\_

**5. Firm Representatives to the Society:** Please provide details of the five representatives of the firm to SOWL-India. Please note that only one representative may exercise voting rights on behalf of the law firm.

<p>i. Name: _____ _____</p> <p>ii. Residential Address: _____ _____</p> <p>iii. Title at law firm: _____</p> <p>iv. Details of law degrees: _____ [Name of degree(s)] from _____ [Name of University] in _____ [year]</p> <p>v. Details of enrolment: Enrolled as an advocate by the Bar Council of _____ [State] in ___ / ___ / _____ [year]. Roll number or registration number: _____.</p> <p>vi. Voting right      yes      no</p>	<p>Please provide two passport size photos of each rep.</p> <p>i. Name: _____ _____</p> <p>ii. Residential Address: _____ _____</p> <p>iii. Title at law firm: _____</p> <p>iv. Details of law degrees: _____ [Name of degree(s)] from _____ [Name of University] in _____ [year]</p> <p>v. Details of enrolment: Enrolled as an advocate by the Bar Council of _____ [State] in ___ / ___ / _____ [year]. Roll number or registration number: _____.</p> <p>vi. Voting right      yes      no</p>
--	--

i. Name: \_\_\_\_\_  
\_\_\_\_\_  
ii. Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Please  
provide two  
passport size  
photos of  
each rep.

iii. Title at law firm: \_\_\_\_\_

iv. Details of law degrees: \_\_\_\_\_  
[Name of degree(s)] from \_\_\_\_\_  
\_\_\_\_\_  
[Name of University] in \_\_\_\_\_ [year]

v. Details of enrolment: Enrolled as an  
advocate by the Bar Council of  
\_\_\_\_\_ [State]  
in \_\_\_ / \_\_\_ / \_\_\_\_\_ [year]. Roll  
number or registration number:  
\_\_\_\_\_

vi. Voting right                      yes                      no

i. Name: \_\_\_\_\_  
\_\_\_\_\_  
ii. Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Please  
provide two  
passport size  
photos of  
each rep

iii. Title at law firm: \_\_\_\_\_

iv. Details of law degrees: \_\_\_\_\_  
[Name of degree(s)] from \_\_\_\_\_  
\_\_\_\_\_  
[Name of University] in \_\_\_\_\_ [year]

v. Details of enrolment: Enrolled as an  
advocate by the Bar Council of  
\_\_\_\_\_ [State]  
in \_\_\_ / \_\_\_ / \_\_\_\_\_ [year]. Roll  
number or registration number:  
\_\_\_\_\_

vi. Voting right                      yes                      no

i. Name: \_\_\_\_\_  
\_\_\_\_\_  
ii. Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Please  
provide two  
passport size  
photos of  
each rep.

iii. Title at law firm: \_\_\_\_\_

iv. Details of law degrees: \_\_\_\_\_  
[Name of degree(s)] from  
\_\_\_\_\_  
\_\_\_\_\_  
[Name of University] in  
\_\_\_\_\_ [year]

v. Details of enrolment: Enrolled as an  
advocate by the Bar Council of  
\_\_\_\_\_ [State]  
in \_\_\_ / \_\_\_ / \_\_\_\_\_ [year]. Roll  
number or registration number:  
\_\_\_\_\_.

vi. Voting right                      yes                      no

6. Introduced by: \_\_\_\_\_

**7. Motivation for Membership**

Main interest(s) in becoming a member of SOWL-India: \_\_\_\_\_

---

**8. Membership Fees**

Amount: \_\_\_\_\_ (Please see reverse for schedule of fees)

Method of Payment:  Cheque enclosed  Wire confirmation number: \_\_\_\_\_

Cheques should be made in the name of "Society of Women Lawyers-India". For payment by wire transfer, please wire to Account No. 31222886052 at State Bank of India, 11 Parliament Street, New Delhi – 110001, IFSC: SBIN0000691.

**By my signature, I hereby confirm my receipt of copies of the Memorandum of Association and Rules and Regulations of SOWL-India and hereby agree to be and remain bound by the Memorandum of Association and Rules and Regulations of SOWL-India.**

\_\_\_\_\_  
[Signature of applicant, Title of Signatory]

\_\_\_\_\_  
[Date, Place]