The Chartered Institute of Patent Attorneys – Fellow Application Form

Please complete this form, including the reference and send to membership@cipa.org.uk - It will then be processed by the Membership Committee and you will be contacted once your application has been finalised

Title: First Name(s): Surname:

Nationality: Gender: Please pick Date of Birth:

Primary Address:

(work)

(personal)

Qualifications (list course name/location/pass year):

Qualification Title	Pass Date	Awarding Body

I confirm that I am on the Register of Patent Attorneys: ☐

I hereby apply to become a Fellow member of the Chartered Institute and undertake that if elected I will abide by the Charter, Bye-laws and Rules of the Institute.

Signed: Date:

This form must be signed by one CIPA Fellow as referees for your application.

I, the undersigned, having personal knowledge of the above named candidate, and being convinced of the candidate's qualifications and suitability, and good repute, make this proposal for election of Fellow member.

Signed: Date:

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Please take a moment to familiarise yourself with our policy at: http://cipa.org.uk/about-us/cipa-privacy-policy/