The Chartered Institute of Patent Attorneys – Student/Associate to Fellow Application Form

Please complete this form and send to membership@cipa.org.uk - It will then be processed through the Membership Committee, you will be contacted after your application is finalised.

Title: First Name(s): Surname:

Nationality: Gender: Please pick Date of Birth:

Company Address:

(work)

(personal)

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

Qualification Title	Pass Date	Awarding Body

☐ Please tick to confirm that you are on the IPREG Register

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

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/