CIPA
The Chartered Institute of Patent Attorneys
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The Chartered Institute of Patent Attorneys – Associate Application Form

Please complete this form, including the four references and send to membership@cipa.org.uk - It will then be processed by the Membership Committee and you will contacted when 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 hereby apply to become an Associate 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 four CIPA Fellows 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 Associate member.

Signed: Date:

Signed: Date:

Signed: Date:

Signed: Date:

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