

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 be contacted when your application has been finalised.

Title: First Name(s): Surname:
Nationality: Gender: Date of Birth:
Primary Work Address:



@ (work)

@ (personal)

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

| Qualification Title | Pass Date | Awarding Body |
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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: | Print Name: | Date: |
| Signed: | Print Name: | Date: |
| Signed: | Print Name: | Date: |
| Signed: | Print Name: | Date: |

