The Chartered Institute of Patent Attorneys

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The Chartered Institute of Patent Attorneys – IP Paralegal - Application Form

Please complete this form, including the reference and send to membership@cipa.org.uk - It will then be processed through the Membership Committee.

Title: First Name(s): Surname:

Nationality: Gender: Please pick Date of Birth:

Primary Work Address:

(work)

(personal)

ICPA Examination/CIPA Patent Administration Course pass date:

Examination Name	Pass Date

I hereby apply to become an IP Paralegal 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 a CIPA Fellow as referee 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 IP Paralegal member.

Signed: Date:

Print Name:

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