

The Chartered Institute of Patent Attorneys – Student/Associate to Overseas Member 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: Date of Birth:

Company Address:



@ (work)

@ (personal)

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

Qualification Title	Pass Date	Awarding Body
---------------------	-----------	---------------

Please list any other relevant Professional Bodies you are a member of:

I hereby apply to become an Overseas 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:

