



APPLICATION FOR MEMBERSHIP

Please email to: membership@pabasa.co.za

CONTACT DETAILS:

Name: _____

Contact Number (Cell): _____

Email Address: _____

Postal Address: _____

QUALIFICATIONS:

(Degree, Institution & Year)

YEAR OF ADMISSION AS AN ADVOCATE:

Please provide certificate of admission

Year of Pupillage: _____

Mentor: _____

BAR INFORMATION:

Did you pass the National Bar Examination of the General Council of the Bar of South Africa?

If so, year in which Bar Examination was passed: _____

Please attach letter of Good Standing from your current or most recent Bar (less than 3 months old)

List any Membership at Previous Bars:

CURRENT GROUP MEMBERSHIP:

SENIORITY:

Senior

Junior

Number of Years in Practice: _____

NATURE / AREA OF PRACTICE:

RACE: _____

GENDER: _____

DISCIPLINARY CASES:

Please list any past or present disciplinary matters including any applications to strike off brought against you at current society of advocates or in any employment context, including the nature of charges and the outcome

FEEs OUTSTANDING IN PREVIOUS BAR:

Yes

No

If yes please provide details

DECLARATION:

I confirm that the contents of this application are, to the best of my knowledge and belief, true and correct. I also understand that if I am accepted as a member of PABASA, such acceptance will only take effect once I have paid the relevant initial membership fee.

Signature:

Date:

Provision of inaccurate information in relation to material questions on this form may result in a refusal or a revocation of membership.

CHECKLIST FOR COMPULSORY SUPPORTING DOCUMENTS:

Completed Membership Form

Advocate Admission Certificate

Letter of Good Standing Previous Bar

FOR ADMINISTRATION PURPOSES ONLY:

Membership Approved:

Yes

No

Membership Fee:

R

Paid:

Date Paid

Certificate of Admission provided:

Yes

No