



**PABASA**

PAN AFRICAN BAR ASSOCIATION  
OF SOUTH AFRICA

**Attorneys Affiliate Membership Application**

**Applicant Information**

Full Name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *Province* *Postal Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Identity No. / Race &  
Passport No. \_\_\_\_\_ Gender: \_\_\_\_\_

Are you a citizen of the South Africa? YES NO If not, are you authorised to work in SA? YES NO

**Qualifications**

Institution: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Year and Firm at which articles were completed: \_\_\_\_\_

Year of admission as an attorney (\*Attach proof of admission and registration with LPC or Law Society of South Africa): \_\_\_\_\_



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### Current Employment / Practice

*\* Please provide a curriculum vitae of previous legal positions held (no more than 4 pages)*

Entity: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

Position held/  
seniority: \_\_\_\_\_

Areas of  
practice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Disciplinary proceedings

Do you have pending/ previous disciplinary proceedings  
against you that relate to your fitness to practice as an  
attorney? (Y/N) \_\_\_\_\_ Date(s): \_\_\_\_\_

Nature of proceedings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcome/ Sanction: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application.*

*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 membership fee.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**FOR ADMINISTRATION PURPOSES ONLY**

CV provided:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of admission provided:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Membership approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Membership fee:	R _____	
Membership fee paid:	Yes <input type="checkbox"/>	No <input type="checkbox"/>