



## APPLICATION FOR MEMBERSHIP

Please email to: [membership@pabasa.co.za](mailto:membership@pabasa.co.za)

**PLEASE NOTE REQUIEMENTS FOR PABASA MEMBERSHIP IS AS FOLLOWS:**

1. The Applicant must be registered as a Legal Practitioner with the Legal Practice Council.
2. The Applicant must have completed pupillage with either PABASA or the General Council of the Bar.
3. The Applicant must have passed the General Council of the Bar Examination.
4. PABASA Members at present are limited to Advocates practicing without Fidelity Fund Certificates.

**CONTACT DETAILS:**

Name: \_\_\_\_\_

Contact Number (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**QUALIFICATIONS:**

*(Degree, Institution & Year)*

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**YEAR OF ADMISSION AS AN ADVOCATE:**

*Please provide certificate of admission*

\_\_\_\_\_

Year of Pupillage: \_\_\_\_\_

Mentor: \_\_\_\_\_

Month & Year in which you started practicing: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

**LPC REGISTRATION NUMBER:**

If not registered with the LPC, kindly confirm why: \_\_\_\_\_

\_\_\_\_\_

**CURRENT GROUP MEMBERSHIP:**

\_\_\_\_\_

**SENIORITY:**

Senior

Junior

Number of Years in Practice:

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**NATURE / AREA OF PRACTICE:**

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**RACE:**

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**GENDER:**

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**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*

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**FEES OUTSTANDING IN PREVIOUS BAR:**

Yes

No

If yes please provide details

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**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:

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Paid:

Date Paid

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Certificate of Admission provided:

Yes

No