

The Expert Witness Institute

7 Warwick Court London WC1R 5DJ

Telephone: 0870 366 6367 Facsimile: 0870 411 2470

Email: info@EWI.org.uk

Web site: www.EWI.org.uk



Application for Associate Membership (Individual)

Open to barristers and solicitors

Title	Surname	
Forename(s)		Date of Birth:
Address:		
Postcode:	E-mail Address: Web Site:	
Telephone:	Fax:	
Main professional field of interest:		
Chambers or firm you belong to (and address if different from above)		
Professional and academic qualifications		
Professional experience (number of years)		
Date of call (barristers)		
Law Society Roll Number		

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Payment: ✓

Cheque for £210 payable to The Expert Witness Institute

I confirm these details are accurate and that if elected I will comply with the rules of the Expert Witness Institute.

Signed: _____ Date: _____

The Expert Witness Institute may require further information to process your application. Please use continuation sheets if you need more room.

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For office use only:

Date application received: _____ Date cheque processed: _____

Date acceptance letter sent: _____ Membership until (date): _____