

# MENTAL HEALTH LAWYERS ASSOCIATION

## MEMBERSHIP FORM

**Membership covers the calendar year, 1 January to 31 December. For new applications received after 1 October in any year, membership will last until the following December.**

### **FIRM DETAILS:**

Firm name:

Firm address:

Telephone:

Fax:

Firm email address:

Website:

Publish firm's details on MHLA website? YES / NO

### **BRANCH DETAILS:**

*(only complete if your firm has additional offices where prospective members are based)*

Branch name:

Address:

Telephone:

Fax:

### **PLEASE TICK WHAT YOU ARE APPLYING FOR:**

**Individual Membership:**  at £70 per individual member; or

**Firm Membership:**  at £140 (firm membership covers **all** eligible members of a particular firm - please complete a separate Individual Details page for each prospective member)

Please return this form and payment (if paying by cheque) to: **Caroline Auty, Administrator, Mental Health Lawyers Association, PO Box 302, Cheadle SK8 9EH.**

**Payment may be made either by cheque, payable to Mental Health Lawyers Association and sent to the above address, or by Bank Transfer using the following details:**

**Bank Name:** Cater Allen  
**Account Name:** Mental Health Lawyers Association  
**Sort Code:** 16-57-10  
**Account Number:** 49182500  
**Reference:** Please quote your name or firm as reference

## INDIVIDUAL DETAILS - for each prospective member

Name:

Firm/Branch:

Are you to be our main point of contact for the firm/branch? YES / NO

If not based at an office: Geographical area of practice AND first part of postcode?

### YOUR MHLA MEMBERSHIP ROUTE:

I am a lawyer: YES / NO I am a barrister YES / NO

#### FULL MEMBERSHIP

To be eligible for Full membership you must be able to answer 'yes' to at least one of the following:

I am a mental health accreditation scheme (Panel) member YES / NO  
or: I am actively seeking Panel membership YES / NO  
or: I am a barrister who meets an equivalent standard YES / NO

I undertake mental capacity law matters under a Legal Aid contract  
and practice under supervisory criteria in mental capacity law YES / NO  
or: I am a barrister who meets an equivalent standard YES / NO

#### ASSOCIATE MEMBERSHIP

Only for those who have answered 'no' to the questions above:

I am not eligible for Full membership. I subscribe to the Objects of the Association  
and wish to be become an Associate member subject to Committee approval YES / NO

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### CUSTOMISE YOUR MEMBERSHIP:

Individual telephone (if different from Firm telephone):

Individual email address:

Include these details in MHLA website members listing? YES / NO

Second email address (eg personal email for receiving MHLA emails but not for publication on website):

I wish to access the members-only area of website and require a web username: YES / NO

I confirm that I have read the MHLA's GDPR statement ([www.mhla.co.uk/about/gdpr-statement/](http://www.mhla.co.uk/about/gdpr-statement/))  
and I consent to the processing of my personal data: YES / NO

I wish to opt-in to MHLA news and updates via email (please note that by opting-out your email cannot be  
included in the website members listing and a web username cannot be issued): YES / NO

I would like my details listed in the Court of Protection Specialists section on the website: YES / NO

I would like my details listed in the Agency section of the website i.e. I am willing to undertake agency  
work for other firms: YES / NO

I would like any mail to be sent to my home address instead of my branch address: YES / NO

If yes, include home address:

I agree to abide by the Association's Code of Conduct, a copy of which can be found on the MHLA website  
at: <http://www.mhla.co.uk/about/code-of-conduct/>

**Signed:**

**Date:**