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 to our Administrator at **admin@mhla.co.uk**, or post to: **Mental Health Lawyers Association, PO Box 172, Banstead SM7 9DR.**

Payment may be made either online (https://www.mhla.co.uk/payment/), 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

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/)
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:**