Irish Mental Health Lawyers Association

Membership Application / Renewal Form 2017

Surname: …………………....……......................… First Name: .............................................

Firm Name: ..........................................................................................................................

Address: ..........................................................................................................................

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Telephone: .............................................. Fax: ………………………………….……....

e-mail: .........................................................................................................................

Description: (please tick at least one option)

Legal Representative Chairperson Barrister Solicitor Academic

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New membership Membership Renewal

Please complete this form and send it, together with your cheque in the amount of €65.00, made payable to ‘Mental Health Lawyers Association’,

To: John Neville

Solicitor

2, Glenageary Road Lower,

Dun Laoghaire,

Co. Dublin

Fax: 01-230-3999

Email: john@johnnevilleandco.ie