



2nd Floor Park Lane West Building
194 Bancor Avenue
Waterkloof Glen Extension 2
Menlyn Maine, 0010
Tel: +27 (0) 12 943 5100

APPLICATION FOR MEMBERSHIP

E-mail application to: info@counseltsa.co.za

CONTACT DETAILS:

Name: _____

Mobile: _____

E-mail Address: _____

Physical Address: _____

QUALIFICATIONS: (Degree, Institution & Year)

YEAR OF ADMISSION AS AN ADVOCATE: _____

Please provide certificate of admission

PUPILLAGE AND CURRENT OR PREVIOUS BAR MEMBERSHIP: _____

Year of successful completion of pupillage: _____

Date of successful completion of the Bar Entrance Examination: _____

Bar Examination: GCB National Bar Examination or an African Bar Association of South Africa _____



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Please attach letter of good standing from current or the last Bar at which applicant was a member which must be less than three (3) old (less than 3 months old)

Membership of other Bars, if any:

CURRENT MEMBERSHIP OF BAR AND GROUP:

SENIORITY:

Senior

Junior

Number of Years in Practice: _____

BRIEF DESCRIPTION OF AREA/S OF PRACTICE:

RACE: _____

GENDER: _____

DISCIPLINARY PROCEEDINGS, IF ANY:

Please list all past or present disciplinary proceedings instituted against applicant, including application/s to strike off or suspend from practice brought by any society of advocates or any employee. Please also state the nature of charge/s and the outcome of the proceeding/s:

FEES, IF ANY, OUTSTANDING AT ANY PREVIOUS BAR:

Yes No

If yes, please provide details as to amongst others the following:

Over what period were fees outstanding and how much was outstanding:

Have the fees been paid, if yes, when? _____

If fees have not been paid, what arrangements if any have been made for payment?

Other information the applicant considers relevant to outstanding fees at another (or other) Bar:



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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 understand that if I am accepted as a member of Tshwane Society of Advocates, such acceptance will only take effect upon payment of the initial membership fee.

Signature: _____

Date: _____

Please note that in the event that any material information contained herein is incorrect/inaccurate, the TSA may refuse membership to an applicant, or revoke 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: R_____

Paid: Yes No

Date Paid: _____

Certificate of Admission provided: Yes No