



Membership Application Form

International Society of African Lawyers

ATTACH
PHOTO
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1 Personal Details:	Full Name:
Date of Birth	Place of Birth
Nationality at Birth/Now	
2. Profession/Trade/Student	
3. Full Home Address	How long have you been at this address
Owner/ Occupier/Renting	Home Telephone No.
Mobile No.	Email Address
4. Education	School/University
5. Qualification gained (post held or interest groups attended at University Member of Student Union)	
6. Employment (Provide details of current employment and employment details over last ten years)	
7. Religion (if any)	
8. Provide details of whether you are from the African Continent or from the African diaspora	
9. What is the racial background of your mother/father	

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10. How do you classify yourself by race/ethnicity
11. Do you agree and accept to abide by the primary aim of ISAL to strive towards the attainment of human dignity for black people through the enforcement of existing human rights mechanism
12. History of membership and or association with other organisations including, charities and political parties over last twenty years
13. Experience/Skills that you can bring to ISAL
14.State your area of interest, your expectation of membership and what you wish the society to provide for you personally and other members including what you would bring to the society
15. What areas do you consider the society should develop in future?
16. Are you prepared personally to lead on those areas?
17) Provide more details about yourself on a separate attached paper and your perceptions about ISAL's primary aim and how you would contribute to ISAL future development.
18) Please provide three references from and including one academic, you will also need to be sponsored by a current ISAL member who will contact you and may be required to attend a personal interview.

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- 1.
- 2.
- 3.

19) I agree to abide by the terms and conditions of membership of the International Society of African Lawyers and support its aims and objectives and confirm that I have answered the above questions truthfully. Further, I understand that failure to answer all questions truthfully or accurately may result in my membership being withdrawn if subsequent information is presented to the Society.

Signed

Date

Print full name

Information provided will be treated as confidential and will not be revealed to any institution, corporation or individual.

Please forward to
Secretary
ISAL (London)