



The Institute of
Trade Mark
Attorneys

APPLICATION FOR ASSOCIATE MEMBERSHIP

PLEASE COMPLETE IN BLOCK CAPITALS

I confirm that I have read the Memorandum & Articles of Association (available at www.itma.org.uk/about/mem_arts) and agree that, in the event of my election, I will be governed by their provisions, or any future amendments adopted in a General Meeting.

Title First Names Surname

Qualifications (Examinations, Degrees, Diplomas, Professional Qualifications)

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Firm/Company Name Tel:

Address Fax:

Town Email:

County Website:

Postcode Date of Birth/...../.....

State special interest in Trade Mark matters

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I declare that I am not in practice as a Trade Mark Attorney or as a Trade Mark Agent, or otherwise engaged in Trade mark agency work.

Name..... Signature Date...../...../.....

SPONSORSHIP We, the undersigned, sponsor the above person for election as an Associate Member of ITMA.

ITMA Corporate Member

Name..... Signature Date...../...../.....

ITMA Corporate Member

Name..... Signature Date...../...../.....

(01/10)

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