

**APPLICATION FOR ACCREDITATION BY ADVOCATES ASSOCIATION**

**A. PARTICULARS OF ASSOCIATION**

**NAME OF ASSOCIATION**

**POSTAL ADDRESS**

**PHYSICAL ADDRESS**

Telephone Number:

Fax:

Cell:

Email:

Docex No:           City / Town:

**B. SUPPORTING DOCUMENTATION**

CONSTITUTION  CODE OF CONDUCT  EXCO DETAILS  DISCIPLINARY CODE

**C. PRO-BONO WORK**

Is your association willing to enter into pro bono agreement with Legal Aid SA?  Y/N

**D. ACCREDITATION CHECKLIST**

CODE OF CONDUCT  CONSTITUTION  
 DISCIPLINARY CODE  EXCO DETAILS

**E. SIGNATURE AND DATE**

I certify that the details stated above are true and correct and undertake to immediately inform Legal Aid SA of changes.

SIGNATURE OF CHAIRPERSON

DATE:   /   / 20

SIGNATURE OF SECRETARY

DATE:   /   / 20