



**ASPIRING LAWYERS MENTORSHIP PROGRAMME**

**Registration Form**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

If under 18 years, Name of Parent or Guardian: \_\_\_\_\_

Address of Parent or Guardian: \_\_\_\_\_

\_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

---

Emergency Contact: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

---

Interests & Hobbies: \_\_\_\_\_

Reasons for joining the Aspiring Lawyers Mentorship Programme:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant (Parent or Guardian must sign if the applicant is under 18 years of age)

.....

<b>FOR OFFICIAL USE ONLY</b>	
Received by: _____	Date: _____
Group #: _____	Member #: _____
Membership Type: S / P _____	Entered: _____