BHISHO SOCIETY OF ADVOCATES

APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION

Thank you for your interest in becoming a member of the Bhisho Society of Advocates.

Applications for membership are considered by the Bar Council in accordance with the Constitution and Rules of the Society.

Applicants are requested to complete this application in full and ensure that all required supporting documentation accompanies the application.

No application will be considered by the Bar Council unless:
- this application has been fully completed;
- all required supporting documentation has been submitted; and
- Annexure A (Application Checklist) accompanies this application.

The Bar Council reserves the right to request such additional information or documentation as it considers necessary before determining an application.

Submission of this application does not constitute acceptance of membership.

PERSONAL PARTICULARS

Full Names	
Identity Number	
Date of Birth	
Gender	☐ Female ☐ Male
Residential Address	
Postal Address (if different)	
Cellular Number	
Email Address	

PROFESSIONAL DETAILS

Date of Admission as an Advocate	
Division of the High Court admitting you	
Legal Practice Council Registration Number	
Current Bar (if applicable)	
Professional Status	☐ Junior Counsel ☐ Senior Counsel (SC)
If Senior Counsel, date upon which Silk was conferred	

ACADEMIC QUALIFICATIONS

Please provide details of all academic qualifications obtained.

Qualification	Institution	Year Obtained

PROFESSIONAL EXPERIENCE

Please provide details of your employment and/or legal experience during the past five (5) years.

_____

_____

_____

_____

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_____

PREVIOUS BAR MEMBERSHIP

Have you previously been a member of another Bar?

☐ Yes ☐ No

If 'Yes', please provide the following particulars:

Name of Bar

_____

Period of Membership

_____

Reason for leaving (if applicable)

_____

PRACTICE STATUS

Are you presently practising as an advocate?

☐ Yes ☐ No

If 'Yes', please provide your present practice address:

_____

_____

_____

If 'No', please indicate your anticipated commencement date of practice:

_____

DUAL MEMBERSHIP

Please complete this section only if you intend holding dual membership.

PRIMARY DUAL MEMBERSHIP

☐ The Bhisho Society of Advocates will be my Primary Bar.

I acknowledge that:

☐ the Bhisho Society of Advocates will be my Primary Bar;

☐ the Bhisho Society of Advocates will be responsible for payment of my General Council of the Bar (GCB) contribution;

☐ I remain liable for all subscriptions and other financial obligations due to the Bhisho Society of Advocates; and

☐ I shall provide Letters of Good Standing from every Bar of which I am, or will become, a member.

SECONDARY DUAL MEMBERSHIP

☐ The Bhisho Society of Advocates will be my Secondary Bar.

Primary Bar

_____

I acknowledge that:

☐ my Primary Bar will be responsible for payment of my General Council of the Bar (GCB) contribution;

☐ I shall provide written confirmation from my Primary Bar accepting responsibility for payment of my GCB contribution; and

☐ I shall provide Letters of Good Standing from every Bar of which I am, or will become, a member.

SUPPORTING DOCUMENTATION

Where applicable, the following documentation must accompany this application:

☐ Written confirmation from the Primary Bar accepting responsibility for payment of the applicant's GCB contribution.

☐ Letters of Good Standing from every Bar forming part of the proposed dual membership.

Applications requiring the above documentation will not be considered unless such documentation accompanies this application.

CHAMBERS

Membership of the Bhisho Society of Advocates is conditional upon members taking up chambers approved by the Bar Council in accordance with the Constitution and Rules of the Society.

Preferred Approved Chambers (if any)

_____

Please note: The indication of a preferred set of approved chambers does not constitute an allocation or guarantee that accommodation will be available at those chambers. Chamber allocation remains subject to availability and the approval of the Bar Council.

REFERENCES

Please provide the details of at least one person who is able to comment on your professional standing, integrity and suitability for membership of the Bhisho Society of Advocates. Preference should be given to a member of the legal profession.

Reference 1 (Compulsory)

Name	
Occupation	
Relationship to Applicant	
Telephone Number	
Email Address	

Reference 2 (Optional)

Name	
Occupation	
Relationship to Applicant	
Telephone Number	
Email Address	

WHY DO YOU WISH TO JOIN THE BHISHO SOCIETY OF ADVOCATES?

Please briefly set out your reasons for seeking membership.

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DECLARATION

I declare that the information contained in this application and all supporting documentation submitted in support of it is true and correct to the best of my knowledge and belief.

I understand that the Bar Council may require such further information or documentation as it considers necessary before determining this application.

I acknowledge that the submission of this application does not constitute acceptance of membership of the Bhisho Society of Advocates.

Signed at	
On this ____ day of _____ 20____	
Signature of Applicant	
Full Names	

ANNEXURE A

APPLICATION CHECKLIST

This checklist must accompany every application for membership. No application will be considered by the Bar Council unless it is fully completed and accompanied by all required supporting documentation.

APPLICANT CHECKLIST

Tick	Requirement
☐	Completed and signed Application for Membership.
☐	Certified copy of Identity Document.
☐	Curriculum Vitae.
☐	Certified copies of academic qualifications.
☐	Copy of Order of Admission as an Advocate.
☐	Proof of current Legal Practice Council registration.
☐	Letters of Good Standing from every Bar of which I am, or will become, a member (where applicable).
☐	Written confirmation from my Primary Bar accepting responsibility for payment of my GCB contribution (where applicable).
☐	At least one professional reference provided.
☐	Any additional documentation required by the Constitution, Rules or the Bar Council.

APPLICANT'S CONFIRMATION

I confirm that this checklist is complete and that all applicable supporting documentation accompanies my application.

Applicant	
Signature	
Date	

BAR COUNCIL ADMINISTRATION

Item	Completed / Notes
Application received	
Application complete	
Supporting documentation verified	
Letters of Good Standing received (where applicable)	
GCB confirmation received (where applicable)	
Application placed before the Bar Council	
Decision: Approved / Declined / Deferred	
Effective date of membership	
Comments	
Secretary	