



The Legal Defence Union Membership Application Form

1. I/We wish to apply to be registered as a Member of The Legal Defence Union Limited.

Member Name:

Postal Address:

Telephone

Fax

Email

Contact Name:

Position

2. I/We wish to apply as (please tick):

Individual Member

Employed Member

Corporate Member

1. For Corporate Membership, please advise the number of:

i) Partners:	
ii) Consultants:	

iii) Associates:	
iv) Employed Solicitors	

Please include any retired partners for whom cover is required.

4. Are you, after enquiry, aware of any circumstances that:

- a) may give rise to a claim being made under the Legal Defence Union Legal Expenses scheme? Yes No
- b) would have given rise to a claim under the scheme had cover been in place at the time of the incident (including incidents that occurred whilst any Partner was working for another firm) Yes No

If the answer to a) or b) is 'Yes', please give details below

Please continue on separate sheet if required. Please tick if separate sheet attached.
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5. Do you require SLAB Protection to be added to your subscription? Yes No

6. Do you require Employment Cover to be added to your subscription?

Yes No

7. Method of Payment

By cheque made payable to "Legal Defence Union Ltd" (please attach)

By Direct Debit (please complete [attached mandate](#))

8. Declaration for Insurance Purposes

I/We declare that the above statements made by me/us or on my/our behalf are to the best of my/our knowledge and belief true and complete and I/we agree that this proposal will form part of the contract between the Insurer and myself/ourselves.

Signature _____ Date _____

Paying your subscription

Please return the completed form with your remittance to:

The Legal Defence Union Ltd
Athas House
Inchbare
By Edzell
DD9 7QL
Tel: 01356-648480

You may alternatively wish to pay by Direct Debit Mandate over a period of 10 months from May to February at no additional charge.