



Student Membership Application

Surname:	
First Name:	
Middle Name:	
Email Address:	
Residential Address: (Cayman Islands)	
Telephone Number: (Cayman Islands)	
Stage of Legal Training: (University/Law School/Articles)	
Name of Institution or Firm:	
Date Commenced: (Month/Year)	
Expected Date of Completion: (Month/Year)	
Educational Qualifications obtained to date::	

I hereby apply for membership of CILPA. In so doing I agree to abide by the Amended and Restated Articles of Association of the Cayman Islands Legal Practitioners Association Ltd. (Amended by Special Resolution dated 19th December 2018), a Cayman Islands company ("Articles") and any subsequent amendments to these Articles that may occur while I remain a Student Member. A copy of the Restated Articles can be found on CILPA's website: www.cilpa.ky.

I certify (i) that I am a Caymanian/permanently resident in the Islands¹[please delete whichever is inapplicable]; (ii) that I am a student in good standing at my law school and (iii) that I understand and accept that my student membership will cease (a) if I cease to be a student in good standing at my law school or (b) at any time at the absolute discretion of the CILPA Council.

I agree to notify the Secretary of CILPA in the event that I cease to qualify as a student member.

I understand that the membership year of CILPA runs from *1 January to 31 December*.

Signed: _____ Date: _____

This form should be sent to:

The Secretary – CILPA
 C/o Wanda Ebanks, Maples and Calder, PO Box 309, Ugland House, Grand Cayman, KY1-1104, Cayman Islands.
 Tel: 345-814-5449

¹ As defined in the Immigration Law (2015 Revision).