



YOUNG  
ARBITRATORS  
SWEDEN

## APPLICATION FOR MEMBERSHIP

PLEASE FILL IN THE FORM BELOW (PLEASE USE CAPITAL LETTERS)

NAME:

TITEL:

FIRM/ORGANISATION:

DATE OF BIRTH (DAY/MONTH/YEAR):

ADDRESS:

FACSIMILE:

E-MAIL:

PLACE AND DATE:

SIGNATURE:

**PLEASE SEND THE APPLICATION**

BY E-MAIL: [yas@chamber.se](mailto:yas@chamber.se)

POST: Young Arbitrators Sweden, c/o Angelica Eklöf, the Arbitration Institute of the  
Stockholm Chamber of Commerce, Box 16050, 103 21 Stockholm, Sweden