



YOUNG
ARBITRATORS
SWEDEN

APPLICATION FOR MEMBERSHIP

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

NAME:

.....

TITLE:

.....

FIRM:

.....

DATE OF BIRTH (DAY/MONTH/YEAR):

.....

ADDRESS:

.....

E-MAIL:

.....

PLEASE CONFIRM THE STATEMENT BELOW BY CHECKING THE BOX BELOW

I HAVE PRACTICED LAW FOR AT LEAST TWO YEARS*

* Exceptions can be made for LLM and PhD students

PLACE AND DATE:

.....

SIGNATURE:

.....

PLEASE SEND THE APPLICATION

BY E-MAIL: 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