



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

I AM A PRACTICING LAWYER IN THE FIELD OF DISPUTE RESOLUTION*

* 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