



## **APPLICATION FOR FULL MEMBERSHIP**

### **TERMS & CONDITIONS**

Before completing this form please ensure that you have read the Introduction to The Society of Will Writers and the Code of Practice, by the submission of a signed and dated Application for Membership you are agreeing to the terms and conditions of The Society.

Please forward together with application fee and first years subscription or completed direct debit mandate to :

**The Society of Will Writers  
Eagle House  
Exchange Road  
Lincoln  
LN6 3JZ**

**Application for Membership - About You (one applicant per form)**

Title ✓	MR	MRS	MISS	MS	OTHER
Full Name					
Work Address					
Post Code			FSA Registration Number (If applicable)		
Date of Birth					
Telephone					
Facsimile No					
Mobile No					
E Mail					
Relevant Qualifications PLEASE ENCLOSE COPIES OF CERTIFICATES					
Membership of other organisations					
List any letters you wish to appear on your address					
<p>The Society may take up personal references, please give the names and addresses of two people who are in a position to confirm that they have known you for two years or more</p>					
Referee 1					
Referee 2					
Membership Grade Requested ✓	MSWW	ASWW	FSWW		

## Application for Membership - About Your Business or Profession

Are you ?	Tick Box	EMPLOYED	SELF EMPLOYED
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If self-employed, do you trade as a <b>SOLE TRADER</b> or a <b>PARTNERSHIP</b> (delete)
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If a PARTNERSHIP please give the name(s) of your Partner(s) :

Partner 1	
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Partner 2	
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Trading Name	
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Date Est.		Are you ? <input checked="" type="checkbox"/>	FULL TIME	PART TIME
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Telephone No (if different from own)	
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Fax No (if different from own)	
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Do you employ staff (either PAYE or self-employed)	YES	NO
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If YES, how many?	OFFICE	CONSULTANTS
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Is your business covered by a Professional Indemnity policy?	YES / NO
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If NO, do you intend to apply for cover through the Society? <b>If cover is not taken through SWW, please supply a copy to be held on file</b>	YES / NO
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Are your Wills prepared with the aid of a computer software programme?	YES / NO
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If YES, please give details i.e. Legacy or Sure Will	
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Do you offer a Will & Document storage facility to your clients?	YES / NO
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If YES, please give the address where they are stored?	
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Do you charge an annual or lifetime fee? <input checked="" type="checkbox"/>	ANNUAL	LIFETIME
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If application is for Affiliated Membership please request alternative form by telephoning 0800 838270 or see your employer

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**Application for Membership**

Please supply any further details that you feel may assist The Society in considering your application. These may include details of any licences, authorisations or trade bodies and details of any franchise agreements held within the Will Writing and Estate Planning profession. If any of the above have ceased, please give the reasons why they are no longer in force.

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Do you have any criminal convictions that are deemed unspent under the rehabilitation of Offenders Act 1974 including, but not restricted to, those offences that would lead to an entry on the Sex Offenders Register? Disclosure of a criminal offence need not necessarily debar you from appointment however, should you fail to disclose an unspent criminal conviction prior to membership being granted this could result in your dismissal from the Society. (Car parking or speeding offences may be discounted. All information will be treated in the strictest confidence). Have you ever been or are you now in bankruptcy or made arrangement with creditors or been disqualified from holding any corporate office?

**PLEASE TICK YES  NO**

If yes please provide details below or on a separate sheet if necessary

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**Declaration and Consent**

I hereby consent to The Society of Will Writers making enquiries of any Company or person as they consider necessary, and to authorise the giving of such information.

Signature : ..... (employed applicants only)

I fully understand and agree that until such time as my application has been accepted and where applicable, references received, I have no rights or claims against The Society of Will Writers or entitlement to receive benefits.

I certify that the information I have given on this form is, to the best of my knowledge and belief, correct and complete.

Signature : ..... Date : .....