



**APPLICATION FOR MEMBERSHIP
(USE SEPARATE SHEETS WHERE NECESSARY)**

DATE:

FIRM NAME:

ADDRESS:

POSTAL ADDRESS IF DIFFERENT:

GENERAL E-MAIL:

WEBSITE:

ANY ADDITIONAL LOCATIONS:

DATE OF FORMATION OF FIRM:

NUMBER OF LAWYERS/ATTORNEYS INCLUDING PARTNERS:
(IF MORE THAN ONE OFFICE, ALSO INDICATE LOCATION)

NAMES OF PARTNERS:

PRINCIPAL CONTACT(S) WITH EMAIL AND DIRECT TELEPHONE:

DOES YOUR FIRM HAVE A MARKETING DIRECTOR OR A PERSON RESPONSIBLE FOR BUSINESS DEVELOPMENT FOR THE FIRM? IF YES, PLEASE GIVE CONTACT DETAILS:

AREAS OF PRACTICE:

LIST TOP 5 AREAS WITH THE ADDITIONAL INFORMATION REQUESTED

AREA OF PRACTICE	NUMBER OF LAWYERS PRACTISING IN THE AREA	PERCENT OF FIRM REVENUE CONTRIBUTED BY THIS AREA

DESCRIBE YOUR FIRM'S TRANSJURISDICTIONAL LAW PRACTICE:

WHERE POSSIBLE, PLEASE INCLUDE THE FOLLOWING:

1. PRACTICE AREA, INCLUDING NUMBER OF ATTORNEYS INVOLVED IN EACH AREA;
2. SPECIAL EXPERTISE IN TRANSJURISDICTIONAL MATTERS; AND
3. ESTIMATION OF THE NUMBER OF REFERRALS IN AND OUT LAST CALENDER YEAR WITH DETAILS OF STATE/REGION OR COUNTRY TO WHICH MATTERS WERE SENT AND FROM WHICH THEY WERE RECEIVED:

BRIEFLY STATE YOUR REASONS FOR WISHING TO BECOME A MACKRELL MEMBER:

DOES YOUR FIRM BELONG TO ANY OTHER LAW FIRM NETWORKS? IF SO, PLEASE IDENTIFY:

ANY ADDITIONAL PERTINENT INFORMATION :

IF ACCEPTED OUR FIRM AND ITS PARTNERS AGREE TO BE BOUND BY THE RULES OF MACKRELL INTERNATIONAL AS SET OUT IN THE ARTICLES OF ASSOCIATION.

SIGNED ON BEHALF OF: (FIRM'S NAME)

PARTNER'S NAME: