

# HSLAI

Health & Safety  
Lawyers Association  
of Ireland

## Application for Membership

TITLE: (Mr, Mrs, Ms, Miss) Other.....

SURNAME: .....

FIRST NAME: .....

JOB TITLE: .....

FIRM NAME: .....

FIRM ADDRESS: .....

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.....

PRACTICE AREA/ AREA OF INTEREST .....

TELEPHONE NO: .....

MOBILE NO: .....

EMAIL: .....

DATE OF APPLICATION: .....

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To apply for membership please complete the above application form and send together with a €100 cheque made payable to The Health and Safety Lawyers Association of Ireland and to:

**Health and Safety Lawyers Association of Ireland**  
**C/O Aisling Butler**  
**Chair HSLAI**  
**William Fry**  
**Fitzwilton House**  
**Wilton Place**  
**Dublin 2**