

## YCAP MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Firm/Company : \_\_\_\_\_ Position: \_\_\_\_\_

Professional Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Telephone : \_\_\_\_\_ Professional Fax : \_\_\_\_\_

Professional E-mail: \_\_\_\_\_

Language(s) : \_\_\_\_\_

Nationality(ies) : \_\_\_\_\_

Unless you advise otherwise, submission of the above information will constitute your authorization for YCAP to :  
(a) post your name and contact information on the YCAP website ; and (b) share your information with organizations that the YCAP Steering Committee determines are appropriate, such as other organizations that promote international arbitration or are of interest to young practitioners.

Your Cheque should be made payable to:

**'YCAP - Young Canadian Arbitration Practitioners'**

I wish to become a YCAP member by paying the annual membership fee:

- YCAP Individual Member** – CAD 85.00
- YCAP Individual Student Member** – CAD 50.00
- YCAP Law Firm Member** – CAD 500.00 (up to 8 Individual Members)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_