



YOUNG  
ARBITRATORS  
SWEDEN

## APPLICATION FOR MEMBERSHIP

PLEASE FILL IN THE FORM BELOW (PLEASE USE CAPITAL LETTERS)

NAME:

TITEL:

FIRM/ORGANISATION:

DATE OF BIRTH (DAY/MONTH/YEAR):

ADDRESS:

FACSIMILE:

E-MAIL:

PLEASE CONFIRM THE STATEMENT BELOW BY CHECKING THE BOX BELOW

I HAVE PRACTICED LAW FOR AT LEAST TWO YEARS\*

\* Exceptions can be made for LLM or PhD students

PLACE AND DATE:

SIGNATURE:

**PLEASE SEND THE APPLICATION**

BY E-MAIL: [yas@youngarbitrators.se](mailto:yas@youngarbitrators.se)