



APPLICATION FOR MEMBERSHIP

Entry into a class of membership of the Institute is at the discretion of the Executive Committee, who may offer membership in a different class to that applied for. Chapter 5 of the Constitution governs the requirements for membership and a candidate may be called for interview by the Membership Committee to establish that these requirements are met. Candidates should complete Sections 1-12 of this application form and indicate the class of membership required below. A separate form is available for corporate membership.

Fellowship

 Associate Membership

 Ordinary Membership

PERSONAL DETAILS

Title _____ First Name _____ Surname _____

D.O.B. _____ Nationality _____ ID No. _____

Professional Designations _____

Physical Address _____

Postal Address _____

Telephone _____ Fax _____

Cell _____ Email _____

Languages (written & oral) _____

Please state if you have made any previous application for membership. Yes No

If yes, please provide details. _____

Principal Profession or Occupation (state in full) _____

Present Post or Employment _____

Name and Address of Employer _____

Nature and Business of Employer _____

ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Please give below details of appropriate technical, academic and professional examinations passed. Please attach copies of the certificates certified by a Commissioner for Oaths or a member of the BIArb Executive Committee.

University or College	Examinations Passed	Date

Membership of Professional or Occupational Institutions

Title of Body	Class	Date Admitted

ARBITRATION

Knowledge of arbitration and how acquired. (To include details of arbitration courses attended, arbitration exams passed and arbitration books studied.)

Practical experience as Arbitrator/Adjudicator/ Mediator/Expert Witness/Advocate

The Committee may decide either to call the applicant for interview; or invite the applicant to comment in writing on a nominated subject related to arbitration or the arbitral process.

DECLARATION AND SPONSORSHIP

Declaration:

I, the undersigned, hereby apply for admission to Membership of the Botswana Institute of Arbitrators, and do agree, if admitted, to comply with the Constitution and by any subsequent amendments and/or alterations thereto which may be made, and by any Regulations made or to be made for carrying them into effect.

Signature

Date

Sponsorship:

Two members of the Botswana Institute of Arbitrators who, from their personal knowledge of the candidate can support the application shall sponsor every candidate for election. Sponsors should be included below. A candidate who is unable to provide sponsors from the membership of the Institute may give the names of two referees who must have known him professionally for a number of years. The Membership Secretary will make an approach to the referees.

First Sponsor/Referee

Address

I have known the candidate for a period of _____ years, and I have read his/her completed application for membership. From my personal knowledge of the candidate I recommend him/her as a fit and proper person for consideration by the Executive Committee for membership of the Botswana Institute of Arbitrators.

Signature

Date

Second Sponsor/Referee

Address

I have known the candidate for a period of _____ years, and I have read his/her completed application for membership. From my personal knowledge of the candidate I recommend him/her as a fit and proper person for consideration by the Executive Committee for membership of the Botswana Institute of Arbitrators.

Signature

Date

ADMINISTRATION

Records:

If you are accepted into membership your records will be maintained on a computer file and you are requested to give your name and address as you wish it to appear on any envelopes containing Institute material sent to you.

Surname _____

Title and Initials _____

Postal Address _____

Attachments:

I attach the following certified true copies of certificates and documents in support of this application for membership together with a cheque made payable to: Botswana Institute of Arbitrators (covering non-returnable Application Fee and First Year's Subscription).

Copies of:

Fees:

Submission of this application is to be made together with a non-refundable Application Fee and First Year's Subscription Fees. Payment can be made one of two ways:

1. Enclosing a cheque made payable to: "Botswana Institute of Arbitrators".
2. Enclosing proof of payment via electronic funds transfer to:

Institute: FNB Botswana
Account Name: Botswana Institute of Arbitrators
Branch Number: 285267
Account Number: 62917389050

Submission:

On completion of all preceding sections of this application it should be sent, together with supporting documentation (certified true copies only please; they will NOT be returned to the candidate) to:

Membership Secretary
Botswana Institute of Arbitrators
Postnet Kgale, P O Box AD85, ADD
Gaborone, BW

OFFICE USE ONLY

Date Received _____

Date Presented to the Executive Committee _____

Decision Approved Approved w/Conditions Rejected

Approved Class Fellow Associate

Conditions _____

Date Applicant Informed _____

Membership Number _____

Further Remarks _____
