# **AAS Membership Application Form**

Thank you for applying to join Arab Arbitration Society (AAS).

Please complete all sections in **BLOCK CAPITALS** and send your completed form to: AAS Membership Team <a href="membership@aa-society.org">membership@aa-society.org</a>

This form is available online. W: www.aa-society.org/membership/applyonline/

If you have any questions on how to complete this form, or any aspect of becoming a member please contact our membership team **E**: membership@aa-society.org

# **Membership of AAS**

### The professional home arbitrators and dispute resolvers

AAS members include leading arbitrators and dispute resolution practitioners from many different sectors and professional backgrounds but we also welcome newcomers with an interest in Law and Arbitration.

#### AAS membership is essential for:

- People who use law and arbitration skills in their existing job
- Professional advisers: lawyers and other professional advisers
- Practitioners: people who are, or aspire to be, practicing arbitrators, mediators or adjudicators

### Benefits of AAS Membership:

- A prestigious, globally-recognized qualification
- Use of recognizable post-nominal letters AAAS, FAAS
- Access to a worldwide professional community and global networking opportunities
- Continuing professional development (CPD) through a program of events and courses
- Free subscription to AAS's leading quarterly journal
- The Resolver magazine, regular AAS updates, members' area of the AAS website
- Professional advice and guidance including a dispute resolution advice service and authoritative practice guidelines
- discounts on a range of products and services, professional indemnity insurance and events

# Criteria and qualifications for membership

#### **Associate**

The minimum criteria for eligibility are that an applicant must have either:

- passed one of AAS's Introductory Course; or
- completed a recognized equivalent or exempt course; or
- demonstrated the level of experience in the relevant field as required by AAS and provide evidence to that effect with the application.

### Fellow

The minimum criteria for eligibility is that an applicant must be a Qualified Member and have either completed one of the following:

- passed 2 AAS's training programs; or
- passed arbitration and law training programs of AAS Chapters; or
- completed a recognized equivalent or exempt course.

Part A: Personal Details (Block Capitals)								
Title:	Mr	Mrs	Miss	Ms	Other (please specify)			
First Name:								
Other Names:								
Family Name (surname):								
Gender:	Male		Female					
Date of Birth (dd/mm/yy):	/	/						
Nationality:								
First Language:								
Other languages you speak fluently:								
Contact Details Address:		ed into mer	mbership, yo		Il also dictate your annual subscription rate and branch allocation. date your contact information with AAS Membership Services at			
Line 1:								
Line 2:								
Line 3:								
Town/City:								
County/State:								
Postcode/Zip:								
Country of Residence:								
Email Address:								
Daytime Telephone (including country code):								
Evening Telephone (including country code):								
Mobile (including country code):								
Fax Number (including country code):								

## Part B: Professional Profile

We use this information to evaluate your level of Arbitration and law knowle	edge. It helps us to award you the most appropriate membership
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grade. Have you ever completed a AAS course before?

Yes

No

If yes, please specify the course(s):

# Primary profession (please tick one box only)

Academic/Lecturer

Accountant/Auditor

Agent

Commercial Professional

Contracts Professional

Doctor/Dentist

Architect Engineer (other)

Barrister/Advocate Private practice Lawyer/
Solicitor/Attorney

Broker

Full-time Arbitrator/Mediator/

Civil Engineer Adjudicator

In-house Legal Counsel

Judge Planner

Project Manager/Professional
Property Surveyor

Property Surveyor

Quantity Surveyor

Religious minister

Retired

Shipbroker Structural
Engineer Student
Surveyor (other)

Surveyor (other)
Technical Professional

Professional Liability &

Trader

Property Valuer/Auctioneer

Other (please specify)

Corporate
Other (please specify)

# Your professional specialism (please tick one box only)

Agriculture Employment/Labour Energy
Antitrust & Competition & Natural Resources Family

Aviation Finance

Banking Healthcare/Medical

Commercial (general)

IT & Telecoms

Commodities

Infrastructure & Projects

Construction & Engineering

Insurance & Reinsurance

Healthcare/Medical Manufacturin
IT & Telecoms Media & Crea
Infrastructure & Projects Neighbourho
Insurance & Reinsurance community

International Trade
Investment & Investor-state
Manufacturing
Media & Creative
Neighbourhood and
community

Intellectual Property

Negligence
Property/Real Estate Sale
of goods
Shipping & Maritime
Sport

Transportation

Pharmaceutical Utilities

### Your job role (please tick one box only)

Administrator Consultant

Adviser Analyst Coordinator

Assistant Counsel

Associate (law) Director

Chairman Executive

Company Secretary Lecturer

Manager

Managing Director/CEO

Officer
Partner (law)
Principal Professor
Queen's Counsel
Researcher

Sole Trader/Proprietor

Solicitor
Specialist
Trainee (law)

Other (please specify)

## Name of Employer:

Please enter the full name of the organization you work for.

Self employed

your work address the same as your M	ailing & Billing address (overleaf)?		
	Yes No (If no, please	supply below)	
Part C: Alternative Disput	te Resolution Profile		
What discipline of ADR do you have ex	perience in?		
Arbitration	Mediation	Adjudication	Not applicable
Other (please specify)			
Your ADR specialism			
Agriculture	Employment/Labour	Intellectual Property	Professional Liability &
Antitrust & Competition	Energy & Natural Resources	International Trade	Negligence
Aviation	Family Finance	Investment & Investor-state	Property/Real Estate Sale
Banking	Healthcare/Medical	Manufacturing	ofgoods
Commercial (general)	IT & Telecoms	Media & Creative	Shipping & Maritime
Commodities	Infrastructure & Projects	Neighbourhood and	Sport
Construction & Engineering	Insurance & Reinsurance	Community	Transportation
Corporate		Pharmaceutical	Utilities
Not applicable			
Other (please specify)			
What was your role? (please tick all tha	at apply)		
Adviser	Sole Arbitrator	Arbitration Tribunal/	Party representative
Mediator	Arbitration Tribunal/	panel member	Contract drafter
Adjudicator	panel Chair	Expert witness	
Not applicable			
Other (please specify)			
Other areas of ADR interested in (tick a	all that apply)		
Domestic Arbitration	International Arbitration	Commercial Mediation	Workplace Mediation
Family Arbitration/Mediation	Construction Adjudication	Consumer Adjudication	Med/Arb
Other (please specify)			

Part D: Prior Conduc	t					
This information is held in con automatically exclude you from	fidence. Applications will be jud m membership.	ged on an individual basis	. Answering yes to	any of these questio	ns will not	
Have you ever been expelled f	rom or disciplined/reprimande	d by a regulatory or profes	ssional body?			
	Yes (If yes, please speci	fy details below)	No			
Has an application for a bankru or voluntary liquidation on gr	optcy order ever been made again	nst you or has a company o	of which you were	a director, ever gone	into compu	Isory
	Yes (If yes, please speci	fy details below)	No			
Are there any outstanding jud	gements against you?					
	Yes (If yes, please speci	fy details below)	No			
	of any offence in any court (other fenders Act 1974 in respect of m	_	_		victions are r	not spent
	Yes (If yes, please speci	fy details below)	No			
If the answer is yes to any ques	tion in Part D, please give details	here. Please continue on a	separate sheet of	paper if required.		
Part E: Declarations						
declare that to the best of my	ip of the Arab Arbitration Socie knowledge, the information gi sclose information requested in om time to time.	ven on this form is correc	t. I understand an	d agree that if I make	e any false sta	atements, submi
to return it if I cease to be a m	you issue me a membership Cert ember. I understand that I will be esignators letters, as only memb	e required to return my Co	ertificate of memb	ership on cessation o	of membershi	p and may no
Signature:				Date:	/	/
How did you hear about AAS	?					
Direct Mail	E-mail	AAS Webs	ite	Word of	Mouth	
Other (please specify)						

# PART F - Payment Fees

For Main office - EGYPT membership application fees, please contact us.

Please send this application, together with supporting documentation to: E: membership@aa-society.org

#### Middle East Contact:

Please send this application, together with supporting documentation to: **E**: <a href="mailto:membership@aialme.com">membership@aialme.com</a> together with acredit card authorization/cheque made payable to: Arab Institute

- A non-refundable Application Fee of \$300

Please tick your preferred payment option\*:

#### Methods of payment

Please note: If you have a UAE-based bank account, the simplest and most convenient way to pay is by Direct Debit. If you would like to set up a direct debit, please complete and return the direct debit mandate enclosed.

# Debit/Credit Card Please debit my: Visa MasterCard Maestro/Switch Amount: Issue Number: Valid From (mm/yy): Expiry Date (mm/yy): Name on Card: Card Number: Security Number (last three digits of number in signature strip on back of card): Signature: Date: We take payments in several different currencies including UAEDirham, US Dollar. Cheque/Bank Draft Please find enclosed a cheque/bank draft made payable to 'Arab Institute for Accountants & Legal' for the amount of: Any payment made by cheque/bank draft should be made in UAE Dirham. For payments in currencies other than UAE Dirham, Make sure amount must be added to your payment to cover bank charges. **Bank Transfer** I completed a bank transfer on (dd/mm/yy) (Please attach a copy) Please make payable to Arab Institute, Bank Name, Emirates Islamic Bank, Al Rigga, Deira Dubai UAE. Account Number: 0015 742757 001, International Bank Account Number (IBAN): AE81 0340 0000 1574 2757 001. Signature: Date:

<sup>\*</sup> Please do not send cash to AAS or AIALME by post. If you wish to make a payment in cash, you may do so in person in Main Brach and Middle East Chapter.

136 - Army Road Sporting, Sidi Jaber, Egypt Tel: 002035221437 (5 Lines) Fax: 002033906169 Mob: 0201222161495, 00201282825543

This form is also available online: www.aa-society.org/membership/applyonline/

### Checklist

Please check to ensure the following have been carried out before the form is sent to AAS:

All sections of the form have been completed.

You have enclosed all copies of relevant certificates and documents

The correct fee is enclosed

You have signed and dated the declaration

You have completed the Data Protection Act questions

# **Membership Regulations**

### Membership application and election

An application for membership may be made by the completion of an approved Membership Application Form and the submission of such form to the Executive of the Board.

Membership Application Forms must contain an applicant's name, his or her address, a disclosure of any prior record of misconduct, disciplinary proceedings or criminal convictions, a signed or if made online accepted declaration, the payment of the prescribed application fee and the current subscription fee for the relevant grade of membership, as notified on the Institute's website from time to time.

The Executive reserves the right to ask an applicant for further and better particulars of his or her application and/or the necessary amount of payment in settlement of the prescribed application fee and the current subscription fee.

All completed applications will be reviewed in accordance with the Institute's approved procedure, as published on its website from time to time; and in particular, whether an individual applicant meets the minimum criteria for membership at a particular grade of membership of the Institute.

Within five working days from the receipt of a complete Membership Application Form, the Executive will either send an acknowledgement of the application to the applicant, or inform the applicant of the outcome of his or her application or, if necessary, request further and better particulars of the application.

An applicant will be awarded the highest grade of membership based on the information provided. If the grade awarded is higher than the grade of Associate, the applicant will be notified by the Executive in writing that he or she has been awarded that grade and the amount of the additional subscription due. Unless the applicant informs the Executive within thirty days of such notification that he or she does not wish to be awarded a grade higher than Associate, he or she will be liable for the appropriate rate of subscription fee for the grade awarded.

An applicant may appeal against a decision regarding his or her eligibility for membership of the Institute, in writing, to the Executive, within thirty days of being notified of a decision on his or her application. The appeal will be dealt with in accordance with the Institute's approved procedure.

If, for whatever reason, an application for membership is unsuccessful, the accompanying payment less the non-refundable application fee will be refunded on request to the Executive.