| **Annual Return of AIDA National Chapter for ………………………[COUNTRY]****(to be completed by AIDA National Chapters per Art.4, par.4 AIDA By-laws****- any failure to do so may result in suspension of membership per Art.4, par.5)****Please return BEFORE 31 JANUARY 2019 by email attachment to** **secretariat.aidaworld@btinternet.com** |
| --- |

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| **PART ONE**

|  |
| --- |
| **1. NATIONAL CHAPTER IDENTITY** |
| **Name:**  |  |
| **Legal Status:**  |  |
| **Formal juridical address (if any)**  |  |

|  |
| --- |
| **2. NATIONAL CHAPTER WEBSITE** |
| **YES/NO?** |  | **Website address:**  |  |

|  |
| --- |
| **3. AIDA SUBSCRIPTION STATUS FOR CURRENT YEAR** |
| **Paid in full** |  | **Full payment to be made** |  | **Partial exemption (to be) requested** |  | **Total exemption****(to be) requested** |  | **Other** **comment** |  |

**PART TWO**

|  |
| --- |
| **4. CONTACT DETAILS (FOR USE BY AIDA SECRETARIAT) – PROVIDE DETAILS FOR ONE OR TWO AS PREFERRED** |
|  | **CONTACT #1** | **CONTACT #2** |
| **Name*****Please*** *present* ***full*** *names as follows:*[Title – Mr/Mrs/Dr/Prof etc] [Forename/s] [1st Surname] [2nd Surname/s] | **Title** |  | **Title** |  |
| **Forename**  |  | **Forename**  |  |
| **Surname 1** |  | **Surname 1** |  |
| **Surname 2** |  | **Surname 2** |  |
| **Position within Chapter**  |  |  |
| **Postal Address** **(inc zipcode/postcode/country)**  |  |  |
| **Telephone no/s (inc int’l code)**  |  |  |
| **Email address** |  |  |
| **Fax no (inc int’l code)** **(if appropriate)** |  |  |
|  |
| **NB. Please also identify which individual is primarily to be responsible (and confirm their current email address) for the following for your Chapter:** |
| **i. AIDA subscription payment** | **Name:****Email:**  |
| **ii. Annual Return submission** | **Name:****Email:**  |
| **iii. Providing regular AIDA website updates about your Chapter** | **Name:****Email:**  |

**PART THREE:**

|  |
| --- |
| **5. KEY INFORMATION ABOUT NATIONAL CHAPTER** |
| **a. Membership Nos.** |
|  ***Individual*** |  | ***Student/Young/Other*** |  |
|  ***Corporate*** |  | **TOTAL** |  |
| **b. Any subscription fee charged?** | **YES/NO** |
| **If YES, state fee amount/s per category of member:** |
|  ***Individual*** |  | ***Student/Young/Other*** |  |
|  ***Corporate*** |  | **Other Comment?**  |  |
| **c. Breakdown of**  **membership**  **(approx. %):**  |
| **Lawyers:*****In practice*** | **%** |
| ***In-house*** | **%** |
| ***Academic*** | **%** |
| **Industry****Non-legal:** | **%** |
| **Regulators/Others:** | **%** |
| **TOTAL 100%** |
| **d. Young AIDA** |
| **i. Is there a recognised separate/sub- section of your Chapter for young(er) members?**  | **YES/NO** |
| **ii. If YES, provide name and brief description of criteria/activities:**  |
|  |
| **iii. If NO, describe any events or special provisions made for young(er) members:**  |
|  |
| **e. Chapter By-laws or constitution**  |
| **Please supply link to latest version of your Chapter’s By-laws, constitution or incorporating document:**  |
|  |
| **f. Date/month of AGM/change of officers** |
| **Please advise of date/month of Chapter’s AGM and/or date when principal officers are usually re/elected** |
|  |
| **ADDITIONAL INFORMATION:****NB: If more room is needed to supply information requested above please provide this here or to supply any other information volunteered.** |

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