**EELA MEMBERSHIP APPLICATION FORM**

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| --- | --- |
| Name: |  |
| Surname: |  |
| Law Firm:   |  |
| Practicing employment law since:   |  |
| Address:  |  |
| Country: |  |
| Phone: |  |
| Email:  |  |

Kindly provide a recent CV (in English) along with the requested information and send both documents to info@eela.org