**EELA MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
| 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](mailto:info@eela.org)