



For the attention of The CSEW Membership Secretary

Derek Winter DL
 Civic Centre, Burdon Road
 Room 2.108 Office of HM Coroner
 Sunderland SR2 7DN

DX 60729 SUNDERLAND

APPLICATION FOR MEMBERSHIP

*ONLY SERVING SENIOR, AREA AND ASSISTANT CORONERS
 MAY BE PROPOSED FOR FULL MEMBERSHIP*

Full Name		
Contact Address		
PUBLIC / PRIVATE <i>(delete as appropriate)</i>		
Postcode		
DX Address		
Telephone	Landline:	Mobile:
Fax		
Email Address		
Website Address		

POSITION(S) <i>(Senior, Area or Assistant Coroner)</i>	AREA <i>(jurisdiction)</i>

I CONFIRM THAT I AM A PRACTISING SOLICITOR / BARRISTER OF NOT LESS THAN 5 YEARS	
Signed (applicant)	
Proposed by	
Signed (proposer)	