| **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 2021 by email attachment to** [**secretariat.aidaworld@btinternet.com**](mailto:secretariat.aidaworld@btinternet.com) **and andreasignorino@gmail.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.** | | | | | | |