



THEMIS

Application Form for Allyship with Themis.

APPLICANT'S DETAILS (Please use capitals)

Name:

Email address:

Chambers/Academic Institution (if applicable):

Year of call (if applicable):

Predominant area of practice (actual/ intended):

DECLARATION

I confirm that I have read and accept Themis' Mission and Values as set out at <https://www.themiswomen.org/about>.

Signed: Dated:

Please return this form to themis.women@gmail.com, thank you!