



ADVOCATE COUNCIL OF INDIA MEMBERSHIP FORM

Personal & Contact Details

Full Name / Firm Name: _____
Father's / Husband's Name: _____ Date of Birth/Date of Incorporation: _____
Address: _____
Police Station: _____ Contact Number: _____ Email: _____
PAN / Aadhaar / GST No.: _____

Professional Details

Date of Enrolment: _____ Enrolment Number: _____
Name of Bar Council enrolled with: _____
Court of Practice: Supreme Court High Court District & Sessions Court Lower Courts Tribunals

Area of Practice

- Civil Law Criminal Law Corporate Law Agricultural Law Environmental Law Mining Law
 Oil & Gas Law Family Law Healthcare Law Banking & Finance Law Income Tax Law
 Securities and Capital Markets Law Employment and Industrial Relations Law Immigration Law
 Media Law International Trade and Customs Law Aviation Law Maritime and Transport Law
 Space Law Technology Law Cybercrime Law Intellectual Property Law Arbitration & Mediation
 Entertainment & Communication Law Human Rights Law

Membership Package

<input type="checkbox"/> STUDENT MEMBERSHIP	<input type="checkbox"/> PROFESSIONAL MEMBERSHIP	<input type="checkbox"/> CORPORATE/LAW FIRM MEMBERSHIP	HONORARY MEMBERSHIP
Membership Fees Rs. 6,999/-	Membership Fees: Rs. 7,999/-	Membership Fees Rs. 9,999/-	Membership Fees By invitation only
Eligibility: Current law students & Fresh Law Graduates	Eligibility: Advocates, Legal Professionals, Professors, Academics, Educators.	Eligibility: Law Firms, Corporate Legal Teams, Legal Services Company.	Eligibility: Retired Judges, Senior Legal Professionals, Lecturers, Eminent Personalities
Benefits: <ul style="list-style-type: none">• Full access to all courses and premium resources• Discounts on premium certifications• Invitations to student-focused workshops• Study materials for judicial and bar exams• Mentorship from senior advocates• Access to apply jobs and internships	Benefits: <ul style="list-style-type: none">• Full access to all courses and premium resources• Ability to upload your own courses and earn income• Verified listing in the Legal Relief Portal of ACI• Priority in receiving client leads and case referrals• Access to apply jobs and internships• Participation in Legal-Aid Clinic for Professional recognition	Benefits: <ul style="list-style-type: none">• Branding opportunities on ACI platforms• Bulk access for team members to all online courses, certifications, and compliance modules• Eligibility to contribute courses, webinars, and publications as a firm• Complimentary passes to ACI networking events and conferences	Benefits: <ul style="list-style-type: none">• Recognition on the ACI website and publications• Opportunities to mentor, advise, and guide the Trust's initiatives Lifetime access to all ACI resources• Lifetime access to all ACI resources

Bank Account Details

Account Holder Name: _____ Bank Name: _____
Account Number: _____ IFSC Code: _____

Payment Acknowledgement

I acknowledge that to become an ACI Member, I am required to pay a one-time, non-refundable membership fees of ₹ _____/- (_____).

- Cash (at ACI Office / Authorized Collection Point) UPI (Google Pay / PhonePe / Paytm / BHIM UPI)
 Bank Transfer (NEFT / RTGS / IMPS) Debit Card / Credit Card / Net Banking
 Cheque Other: _____

Declaration & Acceptance

I/We, _____, hereby declare and agree that:

1. I/We am enrolling as an **ACI membership** upon payment of an annual on-refundable **membership fee of ₹ _____/-**.
2. All collections shall be made only through **ACI's official bank account**; I/We shall not collect any money personally.
3. That the particulars and information furnished by me/us in this application form are true, correct, and complete to the best of my/our knowledge and belief, and nothing material has been concealed therefrom.
4. I/We shall faithfully abide by the Constitution, Rules, Regulations, By-laws, and Code of Conduct of ACI as may be in force or amended from time to time, and shall uphold the aims and objectives of the Council and maintain confidentiality of all data.
5. I/We undertake to maintain the highest standards of professional integrity, ethics, and discipline as expected of a member of ACI, and shall not act in any manner prejudicial to the reputation, dignity, or lawful interest of the Council.
6. Commissions/Professional Fees/Consultancy/Legal Service Charges will be payable only on successfully converted referrals verified by ACI.
7. That I/We accept and agree that the decision of the Governing Body/Executive Committee of ACI with respect to grant, suspension, or termination of membership shall be final and binding upon me.
8. That in the event any statement made herein is found to be false, misleading, or suppressed, or if I/We found guilty of misconduct or breach of the Rules, I/We shall be liable for disciplinary action including cancellation of my membership, without prejudice to any other action as may be initiated under law.

Signature of Applicant: _____

Date: _____

FOR OFFICE USE ONLY

Registration No.: ACI-AP- _____
Mode of Payment: _____

Date of Approval: _____
Receipt No.: _____

Signature (Authorized Signatory): _____