



TITLE: MISS | MS | MRS | MR | PROFESSOR | DR | OTHER:

GIVEN NAMES:

SURNAME:

PREFERRED NAME:

DATE OF BIRTH:

SEX: MALE | FEMALE

## BUSINESS | EMPLOYMENT DETAILS

FIRM NAME | EMPLOYER:

STREET ADDRESS:

SUBURB | STATE:

POSTCODE:

DX ADDRESS:

SUBURB:

FIRM POSTAL ADDRESS:

SUBURB | STATE:

POSTCODE:

PHONE:

FAX:

EMAIL:

MOBILE:

## RESIDENTIAL DETAILS

STREET ADDRESS:

SUBURB | STATE:

POSTCODE:

POSTAL ADDRESS: [ If different to the above address ]

SUBURB | STATE:

POSTCODE:

PHONE:

EMAIL:

PREFERRED MAILING ADDRESS (please tick):

BUSINESS STREET

DX

POSTAL

RESIDENTIAL (Street or Postal)

PREFERRED BILLING ADDRESS (please tick):

BUSINESS STREET

DX

POSTAL

RESIDENTIAL (Street or Postal)

PREFERRED EMAIL ADDRESS (please tick):

BUSINESS

RESIDENTIAL

## ASSOCIATE SUBSCRIPTION

### ASSOCIATE

I HAVE NOT BEEN ADMITTED AS A LEGAL PRACTITIONER IN SOUTH AUSTRALIA OR ELSEWHERE [ please tick a box below to indicate your current position ]:

I am a member of the academic staff of a School, Faculty or Department of Law of any University in South Australia

I am employed in a managerial capacity in - a legal practice; OR - a Government Department or instrumentally that is involved in the practice of law

I am serving articles of clerkship

I am employed as a Specialist Law Clerk

I am employed in a personal administrative or secretarial capacity in - a legal practice; OR - a Government Department or instrumentally that is involved in the practice of law

If you ticked Other, please provide the following information:

Your Current Employment: \_\_\_\_\_

Position Title [ if any ]: \_\_\_\_\_ Years' experience in current or equivalent role: \_\_\_\_\_

Qualifications Held [ if any ]: \_\_\_\_\_

If employed as a Law Clerk, please provide the following information:

Position Title: \_\_\_\_\_ Years' experience in current or equivalent role: \_\_\_\_\_

Qualifications Held : \_\_\_\_\_

Name of supervising legal practitioner: \_\_\_\_\_

## STATEMENT SETTING OUT ELIGIBILITY

All applicants must attach to this form a statement setting out the applicants eligibility to become an Associate (refer to Rule 5.2.1 of the Rules of the Society) together with written evidence of current employment.

## NOMINATOR [ AND SECONDER ] FOR APPLICANT TO BECOME AN ASSOCIATE

All applicants must be nominated and seconded by Ordinary Members of the Society.

Nominator [ signature ]:	Secunder [ signature ]:
_____	_____
Name:	Name:
_____	_____
Title:	Title:
_____	_____
Firm   Employer:	Firm   Employer:
_____	_____
Date:	Date:
_____	_____

## ASSOCIATE CATEGORIES & SUBSCRIPTION RATES 2016/17

	Join Date 1 July - 30 Sept	Join Date 1 Oct - 31 Dec	Join Date 1 Jan - 31 Mar	Join Date 1 Apr - 30 June
Legal Administration	\$290.00	\$217.50	\$145.00	\$72.50
Specialist Law Clerk	\$110.00	\$82.50	\$55.00	\$27.50

Eligibility of Associate status ceases upon cessation of relevant employment.

All Prices are inclusive of GST

RATE \$ \_\_\_\_\_ valid until 30 June

I request a tax receipt to be issued

### PAYMENT OPTIONS

I enclose a cheque for the amount of \$ \_\_\_\_\_ being my subscription fee OR Please charge my:  Visa Card  Mastercard

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

## TERMS & CONDITIONS

Please read & sign the following Terms & Conditions: If granted Associate status of the Law Society of South Australia, and if subsequently am admitted as a legal practitioner therefore becoming an Admitted Member of the Society, I agree to comply with the Rules of the Society, the Australian Solicitors' Conduct Rules and any additional Conduct Rules as adopted by the Society. Should I wish to resign as an Associate or Admitted Member, I agree to signify my intention in writing and shall pay all liabilities owed by me to the Society before such resignation is accepted. I understand that the information I have provided may be used by the Law Society of South Australia to promote the services and benefits of sponsors and preferred suppliers and Law Society events. I understand that I am to notify Member Services in writing should I not wish to receive such promotional information.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Statement

As well as being used for the purpose of processing your application, any information that is provided may also be used by the Society in the course of, or for the purpose of, performing its various membership and regulatory functions. Information may only be provided to third parties, including financial institutions, to achieve these goals in accordance with our Privacy Policy a copy of which is available here <http://www.lawsociety.sa.asn.au/pdf/PrivacyPolicy.pdf>

## PLEASE SEND THIS APPLICATION WITH PAYMENT TO:

ATTENTION: Member & Community Services  
Law Society of South Australia  
GPO Box 2066, ADELAIDE SA 5001 or DX 333, ADELAIDE  
Fax: [ 08 ] 8231 1929

### ENQUIRIES

Member Services [ 08 ] 8229 0200

## OFFICE USE ONLY:

Date Application received: \_\_\_\_\_

Approved by Chief Executive [ signed ]: \_\_\_\_\_

Date: \_\_\_\_\_

Date Application data processed: \_\_\_\_\_

Member ID: \_\_\_\_\_