



ABN 16 305 983 353

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 2017/18

| | 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 | \$299.00 | \$224.26 | \$149.50 | \$74.76 |
| Academic - Not Admitted | \$299.00 | \$224.26 | \$149.50 | \$74.76 |
| Specialist Law Clerk | \$149.00 | \$111.75 | \$74.50 | \$37.25 |

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 AND CREDIT CARD AUTHORITY FORM

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

I nominate to pay my Law Society Membership in monthly instalments using my credit card details below. I have read and agree to the terms and conditions as set out in the Credit Card Authority Member Agreement published at lawsociety.asn.au/CCAMA

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 able to unsubscribe should I not wish to receive such promotional information by visiting: www.lawsociety.asn.au/subscriptions

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.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: _____