

Application for associate membership of Queensland Law Society



Queensland | *Legal Profession Act 2007* and *Legal Profession (Society) Rules 2007* | section 684 and rule 11

QLS FORM 1A (SR) | version 9

Associate membership is available to Australian lawyers who are not legal practitioners; barristers; and other persons with appropriate experience or qualifications eg law practice employees, law lecturers.

I, * _____ (Full name in BLOCK LETTERS)

wish to apply for associate membership of Queensland Law Society for the year ending 30 June 20 _____ (Year).

Personal details	*mandatory fields
*Title	<i>Mr Mrs Miss Ms Mx Other (Please specify)</i>
*Full name	
*First name	
*Middle name/s	
*Surname	
Preferred name	<i>(For nametag use)</i>
*Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
Residential address	
	Postcode
Private telephone number	<i>(Include area code)</i>
Mobile telephone number	
Private email address	

Employment details	*mandatory fields
<i>Please complete the following details about your firm or employer. If associated with more than one firm or employer, please append additional details.</i>	
*Position title	
*Firm name/employer	
*Street address	
	Postcode
*Postal address	
	Postcode
*Telephone number	<i>(Include area code)</i>
*Facsimile number	<i>(Include area code)</i>
*Email address	

Enquiries and completed payment details (if applicable) –

Records and Member Services, Queensland Law Society, GPO Box 1785, Brisbane Qld 4001
 p 1300 367 757 | f 07 3842 5999 | records@qls.com.au | For more information visit qls.com.au | ABN 33 423 389 441

Member details *mandatory fields
<i>Please TICK the appropriate boxes below and complete the section/s as stated.</i>
<input type="checkbox"/> *I am an Australian lawyer but do not hold a current practising certificate; or.
<input type="checkbox"/> *I am a barrister-at-law and hold a current practising certificate Date of admission as Australian lawyer _____ (Date) Jurisdiction of admission _____
*I am employed in a managerial or support capacity in a legal practice or a government department or instrumentality that is involved in the practice of law (Please tick the appropriate category) <input type="checkbox"/> Law practice employee <input type="checkbox"/> Law librarian <input type="checkbox"/> Other _____ (Please specify)
<input type="checkbox"/> *I am a law lecturer or teacher who teaches legal topics, subjects or skills
<input type="checkbox"/> *I am currently practising/employed as a government legal officer/barrister but do not hold a current practising certificate Date of commencement in position _____ (Date)

Privacy
Queensland Law Society ('the Society') is authorised to collect your personal information under the <i>Legal Profession (Society) Rules 2007</i> and the <i>Legal Profession Act 2007</i> for the purpose of carrying out the Society's statutory obligations and duties. In addition, the Society intends to use the personal information you have provided in this form for a number of other purposes including: <ul style="list-style-type: none"> • updating and maintaining your membership records • publishing any of the business details in any of the Society's publications • providing you with important information about the Society and its services (such as educational and professional development programs) and matters affecting your membership • providing you with information, promotional materials and incentives included as part of your member benefits (and on occasion providing that information to third parties in order to distribute those materials to you) • conducting research to identify the ongoing needs of members • providing the business details to members of the public through the Society's website search functions • providing the business details to the Law Council of Australia in order for them to send you electronic newsletters and presidential messages. • providing your personal information to your employer for advice as to whether your employer will be paying for your membership. In accordance with the <i>Electronic Transactions (Queensland) Act 2001</i> , the Society may provide notices, such as membership renewals, to you by electronic communication. By completing this application, your consent to this form of contact is taken to be given. The Society may also use third parties to administer and deliver services and communications to members such as newsletters, weekly updates, online surveys and member benefits by email or mail. Some third party suppliers or their products and services are located overseas. Business details and personal information you choose to provide on this application may be transferred to an overseas recipient and stored overseas to administer such services and communications to you. By completing this application, you agree to this transfer and Australian Privacy Principle 8.1 will not apply to this disclosure. If you do not wish your details to be used for any one or more of the above purposes, you should advise the Records section of the Society, GPO Box 1785, Brisbane Qld 4001 in writing. Further details about the Society's Privacy Statement, Plan and Code of Practice and the collection of personal information may be found on the Society's website, qls.com.au .

Disclosure Requirements *mandatory fields
*Have you been subject to any of the suitability matters mentioned in ss9 and 46 of the <i>Legal Profession Act 2007</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' have you previously disclosed any such matter to the Society <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', provide a notice and statement (Attach to this form)
*Have you been subject to any 'show cause event' as defined in Schedule 2 of the <i>Legal Profession Act 2007</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' have you provided a notice and statement as required by s68(1) of the <i>Legal Profession Act 2007</i> to the Society? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', provide a notice and statement as required (Attach to this form)
*Have you been disqualified from managing corporations under any law in place in Australia, including the <i>Corporations Act 2001</i> (Cth) <input type="checkbox"/> Yes <input type="checkbox"/> No

Declare and sign
I acknowledge if I am accepted as a member of the Society, my membership will be governed by: <ul style="list-style-type: none"> • the relevant provisions of the <i>Legal Profession (Society) Rules 2007</i> • the relevant provisions of the <i>Legal Profession Act 2007</i> • any other rules, regulations or laws governing my conduct as a member of the Society. I acknowledge and give consent to the release of my personal information by the Society to a third party for the purpose of the Society verifying the information I have provided in this form as the basis for my eligibility for associate membership. I confirm I understand my obligations to advise the Society of any change in my details in accordance with r14(3) <i>Legal Profession (Society) Rules 2007</i> . I solemnly and sincerely declare that the information and particulars set forth in this form are complete and accurate in every detail.
Signed _____
Date _____

Payment form for associate membership of Queensland Law Society



This is not part of the QLS FORM 1A (SR)

Fees			
This application is accompanied by			
	Fee	GST	Total (include GST)
Associate membership subscription	\$	\$	\$
TOTAL	\$	\$	\$

Payment of fees	
Total payment (inc. GST) \$	
<input type="checkbox"/> Cheque (made payable to Queensland Law Society Inc and stapled to this form)	
<input type="checkbox"/> Credit card (Diners Club is not accepted)	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	
Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder name	_____
Expiry date	_____ / _____ Amount \$
Cardholder signature	_____

This document will be a tax invoice for GST purposes when you make payment. Please retain a copy of this for GST records.

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