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 12

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.				
l, *	(Full name in BLOCK LETTERS)			
wish to apply for associate membership of Queensland Law Society for the ye	ear ending 30 June 20 (Year).			
Personal details *mandatory fields	Employment details *mandatory fields			
*Title Mr Mrs Miss Ms Mx Other (Please specify)	Please complete the following details about your firm or employer. If associated with more than one firm or employer, please append additional details.			
	*Position title			
*Full name				
*First name	*Firm name/employer			
*Middle name/s	*Street address			
*Surname	Postcode			
Preferred name (For nametag use)	*Postal address			
*Date of birth	Postcode			
Gender Male Female Not specified	*Telephone number (Include area code)			
Preferred pronoun	*Facsimile number (Include area code)			
Residential address	*Email address			
Postcode				
Private telephone number (Include area code)				

Mobile telephone number

Private email address

Member details	*mandatory fields	
Please TICK the appropriate boxes below and complete the section/s as stated.		
*I am an Australian lawyer but do not hold a current p certificate; or.	ractising	
*I am a barrister-at-law and hold a current practising of	certificate	
Date of admission as Australian lawyer	(Date)	
Jurisdiction of admission		
*I am a law lecturer or teacher who teaches legal topics subjects or skills	5,	
*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)	
*I am a: (Please tick the ap	opropriate category)	
Law practice employee Law librarian		
Person otherwise employed in the practice of law:		
	(Please specify)	
I am a member of the Australasian Legal Practice Ma Association (ALPMA).	nagement	
(Members of ALPMA receive a 50% reduction in their membership fee.)	associate	

Electronic Transactions Act

In accordance with the *Electronic Transactions (Queensland) Act 2001*, 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.

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> ?
Yes No
If 'Yes' have you previously disclosed any such matter to the Society
Yes 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> ?
Yes 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?
Yes 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)
Yes No

Declare and sign

I acknowledge if I am accepted as a member of the Society, my membership will be governed by:

- the relevant provisions of the Legal Profession (Society) Rules 2007
- the relevant provisions of the Legal Profession Act 2007
- 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) *Legal Profession (Society) Rules 2007*.

I solemnly and sincerely declare that the information and particulars set forth in this form are complete and accurate in every detail.

Date		

Privacy statement

Signed

WE RESPECT YOUR PRIVACY. This form asks for personal information. Please refer to our Personal Information Collection Notice for more details. The notice can be accessed here. If you have any questions or are unable access it online, please contact us on 1300 367 757.

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) \$			
Credit card (Diners Club is not accepted)			
☐ Visa ☐ Mastercard ☐ Amex			
Card number			
Cardholder name			
Expiry date / Amount \$			
Cardholder signature			
Cheque (made payable to Queensland Law Society Inc and attached to this form)			

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