

Membership Application Form/Tax Invoice

Date of application:/...../..... (issue date for tax purposes)

This document will serve as a tax invoice upon payment

I apply for membership of the Australian Corporate Lawyers Association and I agree to be bound by its Constitution (the Constitution can be viewed at www.acla.com.au).

Personal Details

Title: Mr / Mrs / Ms / Other:

First Name:

Last Name:

Professional qualifications:

Contact Details

Employer / Company Name:

Professional Title:

Department:

Mailing Address:

.....

.....

Email:

Personal Email:

Telephone: Mobile:

Facsimile:

Date of Birth:/...../.....

Gender: Male Female

Government Employee: Yes No

Current Australian Practice Certificate: Yes No

Date Commenced Practice:/...../.....

Date Commenced In-house Counsel:/...../.....

Industry: (please tick your relevant industry)

- | | | |
|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Construction | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Education | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Mining | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Import/Export | <input type="checkbox"/> Energy | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Media | <input type="checkbox"/> Property | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Government |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify)... .. |

Size of Legal Department: 1 – 5 6- 25 26- 50 51- 100 >100

Please tick this box if you do not wish to have your details included in the Member Directory on the ACLA website.

I apply for the following type of membership and confirm that I am eligible to be a member of that type.

Please select a membership type (*see below Notes for explanation*).

* Full Member * Associate Member * Student Member**

* I enclose a cheque for \$190.00 (inc GST) * Please debit \$190.00 (inc GST) to my credit card

* Please tick whichever is applicable. Membership fee is for a year membership.

**Student Membership is \$50 (inc GST) for full time students, please attach with application a copy of valid student card

** I enclose a cheque for \$50.00 (inc GST) ** Please debit \$50.00 (inc GST) to my credit card

* Please tick whichever is applicable.

Card type: Visa MasterCard Amex

Card number:

Expiry date: /

Name on Card:

Signed:

Notes:

1. To be eligible for membership a person must hold qualifications which entitle that person to be admitted as a barrister or solicitor in any State or Territory of Australia **and** must be employed in any capacity by, or practice principally in relation to the affairs of a body corporate (other than an incorporated legal practice or a private company established principally for the purposes of providing administration or other services for a firm which provides professional services) or any statutory corporation or government or semi-government body.
2. Any other person may be admitted as an associate member of ACLA. An associate member is not eligible for appointment to the Board or to stand for election to an Executive Committee and is not entitled to vote at any general meeting of ACLA, but in most other respects has the same rights, duties and obligations as a member.
3. To be eligible for student membership a person must be a full time student and a valid student card must be presented with their application for membership. A student member is not eligible for appointment to the Board or to stand for election to an Executive Committee and is not entitled to vote at any general meeting of ACLA, but in most other respects has the same rights, duties and obligations as a member.

How to join

Complete the details on this form and send it:

- By mail, with a cheque payable to ACLA to:

Australian Corporate Lawyers Association
Suite 2, Level 1,
620 Bourke Street
MELBOURNE VIC 3000

- By fax, with your credit card details to: **03 8616 0201**
- By direct debit, If you would like to pay by direct debit, detail below:

Account Name: Australian Corporate Lawyers Association
Bank: BankWest, 17 Castlereagh Street, Sydney NSW 2000
BSB: 302-100
Account Number: 140720-1

Please fax 03 8616 0201 or e-mail to membership@acla.com.au your remittance details

Any questions? Contact the Member Services Manager on: **1300 558 550** or at membership@acla.com.au