

APPLICATION FOR ASSOCIATE MEMBERSHIP	
Name:	
Firm:	
Address:	
Telephone:	
Fax:	
Email:	
Website:	

AREAS OF PRACTICE

The "find a family lawyer" function on the website helps members of the public to locate a family lawyer who can assist and advise them on family law issues. Your details will not be displayed in this area, however, the Section would like to understand what areas of family law you have an interest in. Please indicate these below:

- | | |
|---|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Care & Protection (CYFS) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Day-to-day Care & Contact | <input type="checkbox"/> Protection of Personal & Property Rights |
| <input type="checkbox"/> Death & Family Protection | <input type="checkbox"/> Relationship Property |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> Spousal Maintenance |
| <input type="checkbox"/> International/Hague Convention | |

PRIVACY

The Family Law Section respects your privacy. Personal information collected from this form will only be used to process your application and for purposes which are related to your Section membership.

PAYMENT FOR ASSOCIATE MEMBERSHIP IS \$287.50 (GST inclusive)

Associate membership of the New Zealand Law Society is a pre-requisite for FLS membership. The \$287.50 includes \$57.50 associate membership fee for the NZLS.

A paid tax invoice will be sent to you after the payment is banked.

PAYMENT OPTIONS

Option 1: Cheque I enclose a cheque made payable to the "NZLS Representative Services"

Option 2: Direct credit ASB Bank: 123140-0119103-00
Reference: Your last name
Please email notification to: family@lawsociety.org.nz

Option 3: Credit card
Please charge \$287.50 to my credit card:

Type of Card: Visa Mastercard

Card Number:

Expiry Date: ____ / ____

PLEASE SEND TO:

Fax: 04-463 2983

Post: PO Box 5041

Lambton Quay

WELLINGTON 6145

SIGNATURE:

DATE: