

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

AREAS OF PRACTICE

PUBLIC AREA

The Section fields daily enquiries from members of the public who need a Family Lawyer. The areas of practice below will display on the public area of the website. Please select the areas of law you currently practise in:

- | | |
|---|---|
| <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 | |

MEMBERS ONLY AREA

In addition to the areas of practice shown in the public area of the website, the following areas will be available for members only. Members are able use the "find a family lawyer" function to locate fellow members who are Court-appointed counsel or are willing to act as instructing solicitors:

- | | |
|---|---|
| <input type="checkbox"/> Counsel for Subject Person | <input type="checkbox"/> Lawyer for Child |
| <input type="checkbox"/> Hague/Central Authority Lawyer | <input type="checkbox"/> Youth Advocate |
| <input type="checkbox"/> Instructing Solicitor | |

PUBLICATION

I agree to my details being published on the Family Law Section website.

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 FULL MEMBERSHIP IS \$200.00 (GST inclusive)

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 \$200.00 to my credit card:

Type of Card: Visa Mastercard AMEX

Card Number:

Expiry Date: ____ / ____

PLEASE SEND TO:

Fax: 04-463 2983
Post: PO Box 5041
Lambton Quay
WELLINGTON 6145

SIGNATURE:

DATE: