



APPLICATION FOR MEMBERSHIP COMMUNITY LAW CENTRE EMPLOYEES/JUNIOR PRACTITIONERS	
Name:	
NZLS Lawyer ID: (6 digit number on your practising certificate)	
Telephone:	
Email:	
Website:	
Date of first practising certificate:	

### AREAS OF PRACTICE

#### PUBLIC AREA

Members of the public use this directory to find a family lawyer. The areas of practice below will be displayed on the public area of the website. Please select the areas of law you currently practise in:

- |                                       |                                  |  |
|---------------------------------------|----------------------------------|--|
| Adoption                              | Family Specialist Mediator - FDR | Parenting disputes                       |
| Appeals                               | Family Legal Advice Service      | Paternity                                |
| Care and protection (Oranga Tamariki) | Family trusts                    | Protection of Personal & Property Rights |
| Child support                         | Family violence                  | Relationship property                    |
| Collaborative law                     | Guardianship                     | Relocation                               |
| Death and family protection           | International/Hague Convention   | Separation/dissolution                   |
| Disability                            | International Surrogacy          | Spousal maintenance                      |
| Elder law                             | Legal aid                        |  |
| Estates and wills                     | Mental Health                    |  |

#### PUBLICATION

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

#### PRIVACY

The FLS 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 FLS membership.

#### PAYMENT FOR MEMBERSHIP IS \$115.00 (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](mailto:family@lawsociety.org.nz)

##### Option 3: Credit card

Please charge \$115.00 to my credit card:

Type of Card: Visa      Mastercard

Card Number:

Expiry Date: \_\_\_\_ / \_\_\_\_

3 Digit security number on the back of your card

#### PLEASE SEND TO:

Email: [family@lawsociety.org.nz](mailto:family@lawsociety.org.nz)

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WELLINGTON 6140

SIGNATURE: .....

DATE: .....