



APPLICATION FOR MEMBERSHIP OF THE NEW SOUTH WALES BAR ASSOCIATION

PLEASE PRINT CLEARLY

Surname: _____ **Date of Birth:** _____

Given Names: _____

Chambers: _____

Please print alternative address if not occupying chambers

Phone: _____ **Fax:** _____

Mobile: _____ **E-mail:** _____

MEMBERSHIP CLASS (Please select only one category)

- Class A** Practising barrister whose principal place of practice is New South Wales
- Class B (i)** Legal practitioner practising in any other jurisdiction (i.e. interstate or overseas)
State whether barrister or other title _____
Admission date and state/territory admitted in: _____
- Class B (ii)** Non-practising lawyer (e.g. judge, former barrister)
State occupation/status: _____
- Class B (iii)** Other (person not falling into any of the above categories subject to Bar Council approval)
State occupation/status: _____

Do you identify as an Aboriginal or Torres Strait Islander person?*, ** YES / NO

*Please note this question is optional.

** An Aboriginal person or Torres Strait Islander is a person who is of Aboriginal or Torres Strait Islander descent, identifies as an Aboriginal or Torres Strait Islander person, and is accepted by an Aboriginal or Torres Strait Islander community as an Aboriginal person or Torres Strait Islander.

If YES, do you consent to your profile on the Bar Association's 'Barristers Directory' being linked to the ABA's 'Indigenous Barristers Directory'? YES / NO

E-MAIL

The Bar Association regularly sends e-mails to members of the Bar and the Bar Association. Material sent by e-mail to the Bar includes updates on continuing professional development seminars; practising certificate and professional indemnity insurance information; and information on the Legal Profession legislation. Members of the Association also receive *In Brief*; and information on judicial appointments and retirements and social functions. Because much of the information e-mailed needs to be disseminated at short notice, there is no other feasible way to distribute this information efficiently. The Association will also provide your e-mail address to the Law Council of Australia (LCA) so that it may send members its newsletter direct (you will be able to opt out of receiving the LCA communications).

If you **do not** wish to receive broadcast e-mails from the Association, please indicate clearly below.

I do NOT wish to receive broadcast e-mails from the Association

‘FIND A BARRISTER’ and Mailing Lists

The information requested on this form is to enable to Bar Association to maintain its membership register kept in accordance with clause 4.8 of the Constitution of the New South Wales Bar Association. The business contact details, areas of practice and other languages spoken of those members **who hold a current practising certificate** are, unless the member requests otherwise, made available on the Association’s ‘Find a Barrister’ webpage and to the public on request (mobile phone numbers are not made available). This is a search facility to enable members of the public and solicitors to search for a suitable barrister based on their particular circumstances.

I do NOT wish to be included on the Association’s ‘Find a Barrister’ webpage

Also, on request, the Association provides address labels of its members to third parties (usually other members and chambers) who wish to distribute information relevant to the Bar to members. The Association reserves the right to approve of the information to be sent to members before address labels are supplied. Address labels are not provided for commercial purposes nor is access given to third parties of any of the data in electronic form.

Please indicate **clearly** in the box below if you **do not** wish to be included in the mailing lists that the Association provides to third parties as outlined above. Please note that if you choose not to ‘opt out’ now, you can advise the Association’s Certification Officer in writing at any stage should you change your mind.

I do NOT wish to be included on the Association’s third party mailing lists

SERVICE OF THE BAR ASSOCIATION’S STATUTORY REPORTS ON MEMBERS

I nominate my e-mail address as stated on this form for the purpose of receipt of notices of meetings of the New South Wales Bar Association pursuant to s249J(3)(c) of the *Corporations Act 2001*.

I also nominate email as a means by which I may be notified that the reports referred to in s316A of the Corporations Act are available and I nominate to receive by e-mail a hyperlink to access those reports. My e-mail address is as stated on page 1 of this form.

Consent (Signature)

DECLARATION

I DECLARE the information above to be true and correct. In the event of election to membership of the New South Wales Bar Association I agree to be bound by the Constitution of the Association.

DATED: _____ SIGNATURE OF APPLICANT: _____

NOMINATION FOR MEMBERSHIP

Please have this section completed by current Members of the Association

We are financial Members of the NSW Bar Association and to the best of our knowledge can verify the information overleaf. Bearing in mind the objects of the Association, we nominate the applicant for membership.

Signature of Proposer: _____ Date: ____/____/____

Please print name: _____

Signature of Seconder: _____ Date: ____/____/____

Please print name: _____

ANNUAL FEES AND PAYMENT

This completed form (pages 1 to 3) constitutes a Tax Invoice, please keep a copy for your records.

Class A membership - \$133.00 (initial application)
Class B (i) membership - \$165.00 (silk), \$133.00 (junior)

The above fees are inclusive of GST and cover membership to 30 June in the current financial year.

The membership fee for a barrister includes a component by way of a capitation fee to the Law Council of Australia and the Australian Bar Association.

Applications from overseas or for Class B (ii) or B (iii) membership should contact the Certification Officer by email: certification@nswbar.asn.au to confirm which fee applies.

CREDIT CARD PAYMENTS

The Association accepts American Express, Visa, Mastercard and Bankcard.

If making payment by credit card, please complete the form below.

Name: _____ (please print full name).	
Please charge \$..... to my <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card <input type="checkbox"/> Bankcard <input type="checkbox"/> Amex	
Card Number: _____	
Expiry Date: ____ / ____	Cardholder's Name: _____
Signature _____	

CASH OR CHEQUE

Please attach a cheque made out to The New South Wales Bar Association.

If enclosing cash, please note that is not possible for the Association to issue change.