



APPLICATION FOR ASSOCIATE MEMBERSHIP

PLEASE PRINT CLEARLY

Surname: _____

Given Names: _____

Address: _____

Please tick if you do not want this address published on the Bar Association of Queensland website

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

Qualifications and Institutions: _____

Date of Admission in Queensland: _____

Current occupation (if applicable): _____

DOCUMENTS TO BE PROVIDED

Please provide the following documents:

1. A certified copy of your certificate of admission as a barrister in Queensland (if admitted prior to 2004); or
2. A certified copy of your previous practising certificate as a barrister in Queensland.

DECLARATION

I ACKNOWLEDGE that Associate membership is available for former or retired barristers, and judicial officers. Membership is excluded for solicitors.

I DECLARE that I am not engaging in legal practice by way of government employment or otherwise (including as a solicitor, pursuant to a Queensland solicitor's practising certificate).

I DECLARE the information above to be true and correct. In the event of election to membership of the Bar Association of Queensland I agree to be bound by the Constitution of the Association. A copy of the Constitution can be found on the Association's website.

DATED: _____ **SIGNATURE OF APPLICANT:** _____