



## 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:** \_\_\_\_\_