

MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Title	Given name(s)	Surname	Suffix
DOB	Year admitted	Mobile	
Personal email			




BUSINESS INFORMATION

Law firm and branch			
Position title			
Postal address			
Suburb	State	Postcode	Work phone
Work email			

ADDITIONAL INFORMATION

Do you have: LinkedIn Y / N Twitter Y / N



Follow the ALA:  /company/australian-lawyers-alliance  /AustralianLawyersAlliance  @AustLawAlliance

Are there particular topics that you would like to see covered in our CLE events?

How would you like to receive our bi-monthly journal *Precedent*? Electronically Hard-copy

PRIVACY AND CODE OF CONDUCT

- I agree to be bound by the Australian Lawyers Alliance Code of Conduct (<https://www.lawyersalliance.com.au/siteinfo/code-of-conduct>).
- I consent to the Australian Lawyers Alliance handling my personal information in accordance with the ALA Privacy Policy (<https://www.lawyersalliance.com.au/privacypolicy>).

FORM CONTINUES ON NEXT PAGE

DEMOGRAPHIC INFORMATION

Gender Male Female Other

Profession Solicitor Barrister Other (please specify) _____

Are you, or is your firm paying your membership fees? Me My firm

Have you previously been an APLA/ALA member? Yes No

If so, what year did you first join? _____

Do you identify as Aboriginal or Torres Strait Islander? Yes No

HOW YOU HEARD ABOUT ALA MEMBERSHIP

Tick all that apply.

- | | |
|---|--|
| <input type="checkbox"/> ALA website | <input type="checkbox"/> ALA events |
| <input type="checkbox"/> Social media (please specify)
_____ | <input type="checkbox"/> ALA emails |
| <input type="checkbox"/> From a friend/family member/colleague | <input type="checkbox"/> <i>Precedent</i> |
| <input type="checkbox"/> Referral/application by your firm | <input type="checkbox"/> Contacted by ALA Committee Member |
| | <input type="checkbox"/> Other _____ |

REASONS FOR JOINING

Tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> To access event discounts | <input type="checkbox"/> To access the member and expert assistance network |
| <input type="checkbox"/> CLE and networking opportunities | <input type="checkbox"/> To join a Committee or Special Interest Group |
| <input type="checkbox"/> To support our advocacy and policy work | <input type="checkbox"/> To receive ALA news, information and publications |
| <input type="checkbox"/> Online resources (case notes & online library) | <input type="checkbox"/> Other _____ |

YOUR AREAS OF PRACTICE

Tick all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Abuse law | <input type="checkbox"/> Employment law | <input type="checkbox"/> Motor vehicle accident compensation |
| <input type="checkbox"/> Criminal law | <input type="checkbox"/> Human rights and discrimination | <input type="checkbox"/> Public liability |
| <input type="checkbox"/> Dust diseases | <input type="checkbox"/> Insurance and superannuation | <input type="checkbox"/> Work injury/workers' compensation |
| <input type="checkbox"/> Elder law | <input type="checkbox"/> Medical law | <input type="checkbox"/> Wills/estates/probate |
| <input type="checkbox"/> Other/s _____ | | |

INFORMATION YOU'D LIKE TO RECEIVE

Tick all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Upcoming events (conferences, seminars, networking) | <input type="checkbox"/> The ALA's daily media summary |
| <input type="checkbox"/> Special Interest Group bulletins | <input type="checkbox"/> Opportunities to contribute to <i>Precedent</i> , Opinion and/or case notes |
| <input type="checkbox"/> Abuse Law | <input type="checkbox"/> Callouts for assisting with advocacy and submissions – please specify your area/s of expertise:
_____ |
| <input type="checkbox"/> Criminal Law | |
| <input type="checkbox"/> Elder Law | |
| <input type="checkbox"/> Medical Law | |
| <input type="checkbox"/> NDIS/NIIS | |
| <input type="checkbox"/> Superannuation & Insurance | |
| <input type="checkbox"/> Travel Law | |

FORM CONTINUES ON NEXT PAGE

MEMBERSHIP CATEGORIES & FEES (GST included)

Please tick applicable category.

	Fee	Levy	Total
<input type="checkbox"/> Full Member (voting rights) Solicitor, barrister or other professional entitled to practise law in Australia.	\$600	\$50	\$650
<input type="checkbox"/> Associate Member (non-voting rights) Associated professional, international lawyer, academic, law clerk, paralegal or other professional not entitled to practise law in Australia.	\$385	\$30	\$415
<input type="checkbox"/> Aboriginal and Torres Strait Islander Justice (voting rights) Admitted or entitled to be admitted legal professional who identifies as Aboriginal or Torres Strait Islander, or whose majority of work is in Aboriginal and Torres Strait Islander justice	\$180	—	\$180
<input type="checkbox"/> CLC/ATSILS/Registered Charity (voting rights) Admitted or entitled to be admitted legal professional who is a principal or employee solicitor at a full member of CLCs Australia or NATSILS, or at an ACNC registered charity	\$180	—	\$180
<input type="checkbox"/> Special Area of Practice (voting rights) Legal professional practising full-time in criminal law, or another area of law at the discretion of the ALA National Council.	\$360	—	\$360
<input type="checkbox"/> Junior Professional (voting rights) Legal graduate undergoing PLT, or any other legal professional who has been admitted to practise law in Australia within the past three years.	\$360	—	\$360
<input type="checkbox"/> Business Partner (non-voting rights) A non-admitted professional, including, but not limited to, legal professional service providers.	\$360	—	\$360
<input type="checkbox"/> Student (non-voting rights) Full-time student — please supply annual enrolment details.	\$33	—	\$33

FORM CONTINUES ON NEXT PAGE

PRO-RATA PROVISIONS

- The ALA membership year spans July 1 until June 30 the following year.
- If you join the ALA between July 1 and December 31, your membership will expire on June 30 of the following year and your membership fee will be calculated pro rata up to the end of the current membership year.
- If you join the ALA between January 1 and June 30, your membership will expire on June 30 of the following year and your membership fee will be calculated as the total of the pro rata fee for the current membership year plus the full fee of the following membership year.

PAYMENT INFORMATION

- Please send me an invoice for the total fees due.
- Please charge my credit card for the total fees due (a 1.5% surcharge will apply to Visa and Mastercard, and 3% for American Express).
- Visa Mastercard American Express

Name: _____

Card Number: _____

Exp date MM/YY ____ / ____ : CVV: _____

Signature: _____

Please send the completed application form to: Australian Lawyers Alliance, GPO Box 7052 Sydney NSW 2001, or membership@lawyersalliance.com.au. If you have any enquiries please contact the membership team on 02 9258 7700 or email membership@lawyersalliance.com.au.

The ALA office is located on land traditionally owned by the Gadigal of the Eora Nation. The ALA is a national organisation and we acknowledge the traditional owners and custodians of the lands on which we work as the first people of this country.