The Law Society
OF SOUTH AUSTRALIA

Application Form
Associate Status
(Affiliate)

ABN 16 305 983 353

Personal Information

Title:

Given Names:

Surname:

Preferred Name:

Date of Birth: **Gender:**

Street Address:

Suburb: **State:** **Postcode:**

Email: **Mobile:**

Business / Employment Details

Firm / Employer:

Street Address:

Suburb: **State:** **Postcode:**

Postal Address:

Suburb: **State:** **Postcode:**

Email: **Phone:**

Preferred Mailing Address: ☐ Personal ☐ Business ☐ Postal

Preferred Email Address: ☐ Personal ☐ Business

Associate (Affiliate) Subscription

I have not been admitted as a legal practitioner in South Australia or elsewhere and reside in S.A.
(Please tick a box to indicate your eligibility):

I am a qualified Accountant [71]

☐ Member of Chartered Accountants Australia & New Zealand

or

☐ Member of CPA Australia

Membership Number: _____

☐ **I am an employee of a Banking Institution *(Holding a formal Banking, Finance or other suitable qualification)*** [72]

Please note the requirement on page 2 to provide evidence

☐ **I am a Medical Practitioner *(Holding a Bachelor of Medicine or equivalent or higher)*** [73]

Please note the requirement on page 2 to provide evidence

☐ **I am an elected Local Councillor** [74]

Name of Council: _____ Year last elected: _____

☐ **I am a Designated Person *(eg. External Examiner for the purpose of Trust Account audits)***

(refer Division 2, S33 of the Legal Practitioners' Act 1981)

Approval of applications is at the sole discretion of the society

Statement Setting Out Eligibility

All applicants must attach to this form a statement setting out the applicants eligibility to become an Associate (Affiliate) (refer to Rule 5.2.1 of the Rules of the Society) together with written evidence of current employment and qualifications.

Nominator (and Seconder)

All applicants must be nominated and seconded by Ordinary Members of the Society to become an Associate (Affiliate).

Name: Name:

Title:

Firm | Employer:

Nominator (Signature):

Date:

Name:

Title:

Firm | Employer:

Nominator (Signature):

Date:

Associate (Affiliate) Subscription Rate 2026 - 2027

Join Date	1 July- 30 Sept	1 Oct - 31 Dec	1 Jan - 31 Mar	1 Apr - 30 June
Affiliate	$115.00	$86.26	$57.51	$28.76

Eligibility of Associate (Affiliate) status ceases upon cessation of relevant employment or other eligibility.

All prices are inclusive of GST

Payment

Payment of Fees

On approval of your application, which will take 2–3 business days, you will be issued a Membership invoice for payment. These invoices will be sent to you via email and will also be available in your Member Profile on our website here : www.lawsocietysa.asn.au/myaccount

Payment is due within 30 days of the invoice being issued. Non-payment will result in your Application being cancelled.

Terms & Conditions

Please read & sign the following Terms & Conditions:

Should I wish to resign, I agree to signify my intention in writing and shall pay all liabilities owed by me to the Society before such resignation is accepted. I understand that the information I have provided may be used by the Law Society of South Australia to promote the services and benefits of sponsors and preferred suppliers (if applicable). I understand that I am able to unsubscribe should I not wish to receive such promotional information by visiting: www.lawsocietysa.asn.au/subscriptions

Personal Information Collection Statement:

The Law Society of South Australia (Society) collects Personal Information in accordance with the ***Privacy Act 1988*** (Cth) (Privacy Act) and the Australian Privacy Principles (APPs) set out in the Privacy Act. If you would like to know more about how your Personal Information is collected, used, held, or disclosed, you may view a full copy of the Privacy Policy at https://www.lawsocietysa.asn.au/privacy, or contact us at privacy@lawsocietysa.asn.au. By completing and signing this form and providing it to the Society, you consent to the collection of your Personal Information and acknowledge its use by the Society in accordance with their Privacy Policy. If you choose not to provide consent to the collection of your Personal Information, we are unable to provide this service to you.

Applicant's Signature:

Date:

Once Completed

Please send this application to:

The Law SocietyofSouth Australia
GPO Box 2066, ADELAIDE SA 5001

Email:email@lawsocietysa.asn.au

If you have any enquiries, please contact (08) 8229 0200

Office Use Only

Date Application Received: ----------

Date Application Processed: ----------

Date Approved: ----------

Member ID: ----------

Approved by Chief Executive (Signature)