



Application for Associate Membership

Associate membership of ADLS Inc. is available to individuals who have a professional relationship with the legal profession but who do not hold a practising certificate.

1. Full Personal Details

I,

hereby apply for associate membership of Auckland District Law Society Inc.

Address:

Firm name: _____

Phone: _____

Email: _____

Fax: _____

2. ADLS Associate Membership Card *(optional)*

- Please provide me with a membership card - additional cost of \$10 (plus GST)
If you wish for your new membership card to have a (new) photograph on it please email the picture to photographs@adls.org.nz with the filename being your full name.

3. Payment Options

I

- Enclose a cheque made payable to *Auckland District Law Society Inc* for **\$168.75** (\$180.00 including membership card) as payment for my associate membership for a period of 12 months from the acceptance of my application..

OR

- Please charge **\$168.75** (\$180.00 including membership card) to my firms account as named above as payment for my associate membership for a period of 12 months from the acceptance of my application. (Please ensure your employer approves this charge).

OR

- I have visited www.adls.org.nz and paid by credit card.

Signed: _____

Date: _____

Return to: **Marcus Martin, ADLS Inc., PO Box 58 Shortland Street, Auckland 1140, DX CP24001**
Email: marcus.martin@adls.org.nz Fax: (09) 309 3726