

**FAMILY LAW PRACTITIONERS' ASSOCIATION
OF WESTERN AUSTRALIA (INC.)**

ABN 79 573 407 339

SUBSCRIPTION FORM

THIS BECOMES A TAX INVOICE UPON PAYMENT

(1.7.2010 – 30.06.2011)

Please register me as a member of the Family Law Practitioners' Association of Western Australia (Inc.)

ORDINARY MEMBER \$100.00 (Inc GST)

ARTICLED CLERK \$50.00 (Inc GST)

CHEQUE ENCLOSED: \$_____

Please print clearly:

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FULL NAME: _____

FIRM / CHAMBERS NAME:

IF ARTICLED CLERK, PRINCIPAL'S NAME:

NB: An articled clerk must be articled to a member to be eligible for membership

POSTAL ADDRESS:

TELEPHONE: _____ **FAX:** _____

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(correspondence and notices and preferably sent to members by email)

ACCREDITED FAMILY LAW SPECIALIST: YES / NO

TO: THE SECRETARY
 FLPAWA
 PO BOX 3108
 ADELAIDE TERRACE
 PERTH WA 6832