Application for On Leave Membership

For more information please see the FAQs brochure



HOW TO APPLY						
FAX:	(08) 9324 8699	ENQUIRIES:	(08) 9324	3600	OFFICE USE ONLY: MEM	
MAIL:	The Law Society of Western Australia PO Box Z5345, Perth WA 6831	IN PERSON:		ociety of Western A 0 St Georges Terrac 6000		
EMAIL:	info@lawsocietywa.asn.au					
PERSONAL DETAILS						
Title:	Ar Mrs Ms Miss Mx N/A	Other (please spe	cify)			
Given Name: Family Name:						
Current Employer:						
Position Held:						
Postal Address (contact address during period of leave):						
Suburb:		State:		P	ostcode:	
Mobile Telephone (contact telephone during period of leave):						
Email Address (v	work):					
Email Address (during period of leave):						
Date of commencement of leave:						
Date leave will end:						
Reason for takir	ng leave:					

NOTE: If you are not self-employed, your application for On Leave Membership is to be supported by a letter from your employer confirming the term of your leave.

By signing this application for On Leave Membership you undertake:

Name:

- 1. To advise the Law Society 4 weeks prior to the date you are to return to work, whether that date is the expiration of the period of leave specified above or an earlier date
- 2. If you are taking parenting leave, to apply to the Legal Practice Board for a variation of your CPD requirements in accordance with the Board's 'CPD Guidelines for Parenting Leave'.

Signed:	Date:

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