

Application for On Leave Membership

For more information please see the FAQs brochure

HOW TO APPLY

FAX: (08) 9324 8699

MAIL: The Law Society of Western Australia
PO Box Z5345, Perth WA 6831

EMAIL: info@lawsocietywa.asn.au

ENQUIRIES: (08) 9324 8600

IN PERSON: The Law Society of Western Australia,
Level 4, 160 St Georges Terrace
Perth WA 6000

OFFICE USE ONLY: MEM

PERSONAL DETAILS

Title: Mr Mrs Ms Miss Mx N/A Other (please specify)

Given Name: _____ Family Name: _____

Current Employer: _____

Position Held: _____

Postal Address (contact address during period of leave): _____

Suburb: _____ State: _____ Postcode: _____

Mobile Telephone (contact telephone during period of leave): _____

Email Address (work): _____

Email Address (during period of leave): _____

Date of commencement of leave: _____

Date leave will end: _____

Reason for taking 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:

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: _____

Name: _____