



I hereby apply for / renew my FLPA membership and provide the following information:

Name:	<input type="text"/>		
Business Name:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Telephone:	<input type="text" value="(B)"/>	<input type="text" value="(H)"/>	<input type="text" value="(M)"/>
Email Address:	<input type="text"/>		<input type="checkbox"/> Please tick if you do not wish to receive FLPA information via email <input type="checkbox"/> Please tick if you do not wish your professional details to be publicly available on the FLPA website.

Please tick category:

<input type="checkbox"/> Solicitor	<input type="checkbox"/> Barrister	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Accountant	<input type="checkbox"/> Court Employee
<input type="checkbox"/> Financial Advisor	<input type="checkbox"/> Student	<input type="checkbox"/> Other – please specify	

I hereby agree to be bound by the FLPA Constitution.

Signed _____ Date ____ / ____ / ____

Payment Details

Cheque / money order for \$77.00 payable to the **Family Law Practitioners' Association of Queensland Ltd** is enclosed (please do not staple cheque/money order to form); or

I have made an electronic funds transfer (EFT) for \$77.00 to:
Bank: National Australia Bank **Account Name:** Family Law Practitioners Association National Business Management Account
BSB: 084-034 **Account No:** 50841-8598 **Reference:** Please indicate your name and attach receipt to this form

Credit Card: please tick Visa Mastercard Amount: **\$77.00**
Cardholder's Name: _____ Signature: _____
Card Number: _____ Expiry Date: ____ / ____

Note: One membership only per form

The membership fee includes GST. Upon payment of the \$77.00 this form shall serve as a Tax Invoice for the purpose of GST. You should retain this document for taxation purposes and return a copy of it duly completed with payment (or EFT receipt) to:

The Registrar, FLPAQ Ltd, Suite 154, 236 Hyperdome, Loganholme QLD 4129 or fax to: **(07) 3112 6838**

Enquiries to the FLPA Registrar at the above address, flpa@officelogistics.com.au or visit our website www.qldflpa.org.au

Office Use Only:

Amount Paid:

Date Received:

Cheque/EFT Details: