**APPLICATION FOR MEMBERSHIP**

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| --- | --- |
| **Membership Year:** | FY 2022-2023 |
| **Full Name:** | Click here to enter text. |
| **Practice Name:** | Click here to enter text. |
| **Practice Address:** | Click here to enter text.  Click here to enter text.  Click here to enter text. |
| **Practice Contacts:** | Telephone: Click here to enter text. Fax: Click here to enter text.  Mobile: Click here to enter text.  E-mail: Click here to enter text.  Website: Click here to enter text. |
| **Area(s) Serviced:** | ☐ Adelaide CBD ☐ Inner Metropolitan ☐ Northern Suburbs  ☐ Southern Suburbs ☐ Country SA  ☐ Other – specify: Click here to enter text. |
| **Foreign Language Proficiencies:**  **(for inclusion in website language support list)** | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |

**I certify** that I am a duly admitted notary public and a legal practitioner holding a current South Australian practising certificate.

**I apply** to be admitted to membership of the Notaries' Society of South Australia Inc, and I agree to be bound by the Rules, By-laws and Professional Rules of the Society, as amended from time to time, for so long as I remain a Member.

**Annual Subscription: $100.00**

**Signature: Date:** Click here to enter a date.

**APPLICANT:** Please complete this form, and submit it and pay the annual subscription online as follows:

Email form to: [ekaplan@normans.com.au](mailto:ekaplan@normans.com.au)

EFT payment to: Notaries’ Society of South Australia Inc

BSB: 065-000 Account No: 12267977

Reference: [Your name]

Enquiries to: Secretary & Treasurer Errol Kaplan 08 8210 1282