



APPLICATION FOR MEMBERSHIP

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:	<input type="checkbox"/> Adelaide CBD <input type="checkbox"/> Inner Metropolitan <input type="checkbox"/> Northern Suburbs <input type="checkbox"/> Southern Suburbs <input type="checkbox"/> Country SA <input type="checkbox"/> 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
EFT payment to: Notaries' Society of South Australia Inc
BSB: 065-000 Account No: 12267977
Reference: [Your name]

Enquiries to: Errol Kaplan T 08 8210 1282 M 0423 171 931

Honorary Secretary & Treasurer