**APPLICATION FOR MEMBERSHIP**

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| --- | --- |
| **Full Name:** | Click here to enter text. |
| **Practice Name:** | Click here to enter text. |
| **Practice Address:** | 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. |
| **NSSA Website Login** | E-mail address for username: Click here to enter text.  Desired password (change on first login): 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 \*OR a duly admitted notary public in the following Australian jurisdiction(s): Click here to enter text.

**I apply** to be admitted to \*Full/Interstate 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.

*(\*Delete whichever is not applicable)*

**Annual Subscription (1 July – 30 June): $100.00**

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

**APPLICANT:** Please complete this form, 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: Secretary/Treasurer, Errol Kaplan 8210 1282