**APPLICATION FOR MEMBERSHIP**

|  |  |
| --- | --- |
| **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](EKaplan%40normans.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