



POSTAL ADDRESS:

GPO Box 2851,
ADELAIDE S.A. 5001

Telephone (08) 8224 0377
Fax (08) 8224 0322

OFFICE ADDRESS:

Level 14, Education Centre,
31 Flinders Street,
ADELAIDE S.A.

ABN 22 508 700 110

I hereby apply for Membership of the Association and enclose herewith my payment in support thereof.

SIGNATURE: + **JP I.D. Number**

PLEASE PRINT (Given Names) (Surname)

(Mr. Mrs. Miss. Ms. Etc.)

Residential Address

.....Post Code

Postal Address

.....Post Code

Telephone Nos: Home Mobile Work

Email Address **Date of Birth**

Occupation

Employer's Name

and Address

.....

DATE OF APPOINTMENT **MEMBERSHIP No**

(office use only)

EXPIRY DATE **JOINING DATE**

(date)

(office use only)

Important information as to the duties of your Commission are published in our Quarterly "Honorary Magistrate" Journal.

NEW MEMBERS PLEASE NOTE:

Our Annual Subscription period is from
1st September to 31st August the following year.

ANNUAL SUBSCRIPTION FEE	\$35.00
GST	\$ 3.50
JOINING FEE	\$ 5.00
MEMBERSHIP BADGE	<u>\$ 6.00</u>
TOTAL	<u>\$49.50</u>

PLEASE NOTE: THIS APPLICATION FORM IS APPLICABLE **ONLY TO 31st AUGUST, 2010**

MY PAYMENT BY:
(tick applicable)

- Cheque Money Order Cash
- Credit Card -- complete details below (Note: \$1.50 Processing Fee applies to Credit Card Payments)

Card Type: Visa/Mastercard Card Number:/...../...../.....
(Circle Applicable)

Expiry Date:/.....

Signature.....