



**Premium Membership Application Form**

***Personal details***

Title:               Mr       Ms       Mrs       Miss     Dr       Other

First name:                               Last name:                               Lawyer ID:

Gender:             Male             Female

Date commenced practice:                               Date commenced in-house practice:

Employer/organisation name:

No. of lawyers in your organisation:

Professional title:

Mailing address:

Phone:                                    Mobile:                                   Fax:

Email:

***Sector***

Public – Central Government             Public – Local Government             Public – SOE/Crown Entity

Private – listed                               Private – unlisted                               Other

Academic                                Not for profit

***Interests***

- Banking and financial services     Government relations     New technologies
- Governance                               Health                               Primary industry
- Competition                               Information technology     Property
- Corporate and securities             Intellectual property     Regulatory issues
- Construction and infrastructure     Legal department management     Tax
- Employment                               Litigation                               Telecommunications

