

# Application for Membership



Please return your completed application form via email to [info@sbawa.com.au](mailto:info@sbawa.com.au) or post to Small Bar Association of W.A. Inc., c/- GPO Box F338, Perth WA 6841.

I, \_\_\_\_\_

(APPLICANT'S full name)

of \_\_\_\_\_

(APPLICANT'S residential or postal address)

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**apply to become a** (please tick type of membership sought):

- Licensee;
- Professional;
- Sponsor;
- Equivalent Licensee;
- Industry;

**member** of the Association.

If licensee or equivalent licensee membership is sought please complete the following:

Licence (Tick column)		Name of licensee/proposed licensee	Name of licensed/ proposed licensed premises	Address of licensed/ proposed licensed premises
Granted	Proposed			

I agree to be bound by the rules of the Association.

**Signature of Applicant:** \_\_\_\_\_

**Dated:**        /        / 2009

**PROPOSED BY:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**SECONDED BY:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_



**Contact** For further information regarding the Small Bar Association of W.A. Inc. please contact:  
Dan Mossenson (on 9288 6769) | Jessica Patterson (on 9288 6946) | Dominique Hartfield (on 9288 6940)  
or 1300 620 991 | [info@sbawa.com.au](mailto:info@sbawa.com.au) | [www.sbawa.com.au](http://www.sbawa.com.au)

