

# A CONFERENCE ON COLLABORATIVE LAW

## CANBERRA COLLABORATIVE FAMILY LAWYERS PRACTICE GROUP

### MEMBERSHIP APPLICATION

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#### Applicant Contact Details

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Firm/Organisation

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

#### Membership level:

Active Member	
Associate Member	
Active Member Renewal	
Associate Member Renewal	
Other Professional Member	

I have satisfied the requirements for membership as per the attached Membership for Canberra Collaborative Family Lawyers Practice Group.

Signed \_\_\_\_\_

Dated \_\_\_\_\_