



APPLICATION FOR MEMBERSHIP

EXPLANATORY NOTES

PLEASE READ THESE EXPLANATORY NOTES CAREFULLY.

- 1) This Application once completed should be addressed to **The Chair, Membership Committee**, c/- South Australian Bar Association Inc, and emailed (in PDF format) to sabar@sabar.org.au or posted to PO Box 6279, Halifax Street, ADELAIDE SA 5000.
- 2) As a member of the South Australian Bar Association Inc (**SABA**), you undertake to practise exclusively as counsel (or if not seeking membership as a practising barrister, you undertake not to practice as a solicitor).
- 3) The categories of membership¹ for which application may be made are as follows:
 - a) **Ordinary members** (intended members holding a current unrestricted South Australian Practising Certificate and intending to practise exclusively as counsel at the Independent Bar and who have satisfactorily completed or have been granted a relevant exemption from completing the South Australian Bar Readers' Course - refer SABA Constitution Article 5);
 - b) **Bar Reader members** (intended members holding a current unrestricted South Australian Practising Certificate and intending to practise exclusively as counsel at the Independent Bar and who wish to become an ordinary member of SABA upon satisfactory completion of the South Australian Bar Readers' Course - refer SABA Constitution Article 5A);
 - c) **Interstate members** (intended interstate members holding a current Interstate or Territory Practising Certificate and intending to practise exclusively as counsel at the Independent Bar and currently practising as counsel at the Independent Bar in one or more other Australian jurisdictions - refer SABA Constitution Article 5C);
 - d) **International members** (refer SABA Constitution Article 5E);
 - e) **Associate members** (former ordinary members who have retired and remained retired from legal practice and, if applicable, from judicial office - refer SABA Constitution Article 5G);
 - f) **Life members** (refer SABA Constitution Article 8A);
 - g) **Honorary members** (refer SABA Constitution Article 9).

¹ A full description of the rights of each category of membership is set out in the SABA Constitution, which is available at the SABA website: www.sabar.org.au.

- 4) This is **not** an application to practise as a barrister.² It is an application for membership of SABA and, where applicable to relevant membership categories, to practise as a member of SABA.³
- 5) Applications for admission to Interstate membership *may* be subject to completion of the Bar Readers' Course or part thereof in the exercise of the discretion of the Bar Council.
- 6) You should inspect the **Bar Readers' Course Handbook**⁴ prior to completion of an Application. The Handbook sets out the coursework and advocacy training which comprise the Bar Readers' Course. Applicants for a partial exemption should identify specific seminars, tasks or activities that they seek to be exempted from by reference to the matters set out in the Handbook or the prior year's Seminar/Activity List.
- 7) Please consider the **category of membership** you are applying for before **completing** and **signing each page** of the relevant application form:

Bar Reader / Ordinary membership	(pages 7 to 15 inclusive)
Interstate membership	(pages 16 to 20 inclusive)
International membership	(pages 21 to 24 inclusive)
Associate membership	(pages 25 to 26 inclusive)

- 8) Membership of SABA is at all times conditional upon payment, within 30 days of being invoiced by SABA, of:
 - a) An annual subscription fee in an amount as may be determined from time to time in accordance with the SABA Constitution in respect of each category of membership (*see further at Note 9*); and
 - b) In the case of Ordinary and Bar Reader members, the proportion of premium due under the terms of the **SABA Group Disability Insurance Scheme** by reference to that intending member's age and gender, unless the intending member is aged not less than 55 years on 1 July in any membership year and has given notice to opt out of the Scheme when applying for membership (or *prior to* annual membership renewal). *See further at Note 10.*
- 9) Membership/subscription fees (inclusive of GST) are as follows:⁵

Ordinary Members

Silks	\$1,100.00
Ordinary Member of 5 or more years' standing	\$ 660.00
Ordinary Member of less than 5 years' standing	\$ 495.00
Bar Readers Members (in Reading Year)	\$ 275.00

Interstate Members \$ 275.00

International Members A\$ 150.00

² SABA is **not** an admitting authority within the meaning of the *Legal Practitioners Act 1981* (SA).

³ Every admitted practitioner holding a relevant Practising Certificate under the *Legal Practitioners Act 1981* (SA) is entitled to practice (subject to any limitations imposed on his or her Practising Certificate) as a barrister, solicitor or both barrister and solicitor.

⁴ Available on the SABA website (Bar Readers' Course page).

⁵ These fees are current as at 1 July 2022.

Associate Members	\$ 132.00
Life and Honorary Members	(Gratis)

10) SABA Group Disability Insurance Scheme:

(Please check eligibility details on the Website at <https://sabar.org.au/documents/>)

- a) The SABA Group Life/TPD Insurance Scheme is underwritten by MetLife. It provides for the payment of a fixed sum of \$300,000 in the event of a member's death or total and permanent disablement. The proportion of premium levied in respect of each member is calculated only by reference to the age and gender of the member. Cover is extended to eligible members irrespective of pre-existing medical conditions and no medical examination is required. The Scheme provides a level of cover that may not be available to members on an individual basis. Premium contributions are significantly discounted to comparable insurance products available in the market on an individual basis. Full details of the Scheme including the proportion of premium payable by reference to a member's age and gender are available on the SABA website.
 - b) Barristers approved by the Bar Council for admission to Ordinary membership or Bar Reader membership of SABA will be subscribed to the SABA Group Disability Insurance Scheme from 1 July next following the date of such approval and thereupon liable for payment of the relevant contribution to the Scheme premium unless the intending member is aged not less than 55 years on 1 July in any membership year AND has, prior to that 1 July, given NOTICE in writing to OPT OUT of the Scheme or when applying for or renewing membership (*refer to the relevant section of the application form*).
 - c) A member so liable for his or her contribution to the Scheme premium for any membership year shall not be entitled to a refund of, or to avoid liability to pay, any such contribution, or any part thereof, in the event of that member resigning from (or otherwise ceasing to be a member of) SABA during the course of that membership year, or in the event of a member, having turned 55 during the course of that membership year, giving notice to opt out of the Scheme.
 - d) **Members other than Ordinary members or Bar Reader members are not eligible to participate in the SABA Group Life/TPD Insurance Scheme.**
 - e) Being a group disability scheme, SABA is invoiced a single premium by the scheme underwriter each financial year. The scheme underwriter does not invoice individual members. SABA invoices each member for his or her proportion of premium payable under the Scheme by way of a levy when membership renewal falls due. SABA relies on its members to make timely payment when subscriptions fall due.
- 11) Subscripted SABA members will be liable to SABA for interest to be charged on annual subscriptions (and if applicable the SABA Group Disability Insurance Scheme levy) outstanding 30 days or more after they respectively fall due. Interest will be charged at the rate of 2% per month or part thereof on the amount outstanding, from the date the subscription fell due until the date it is fully paid.
- 12) SABA members whose subscriptions (including any SABA Group Disability Insurance Scheme levy) have been outstanding for in excess of 60 days may be liable to being removed or suspended from membership of the Association unless special hardship is demonstrated to the reasonable satisfaction of the Bar Council.

13) Intending members (other than interstate, international, associate, life and honorary members) should secure a place in chambers or implement a formal source of professional support before commencing practice at the Bar.

14) **Additional Information for Applicants for Bar Reader, Ordinary or Interstate Membership (and, where applicable, to sign the Bar Roll⁶)** (refer to SABA Constitution, Articles 3(c), 4(a), 5A & 5C):

- a) Where an applicant is admitted to Bar Reader Membership he or she will be taken to have applied for Ordinary membership. A Bar Reader member will have Ordinary membership conferred upon successful completion of the Bar Readers' Course, and only then will be entitled to sign the Bar Roll.
- b) Where an applicant is admitted to Interstate membership subject to a requirement to complete all or a part of the Bar Readers' Course, that member will only be entitled to sign the Bar Roll upon successful completion of that requirement.

15) **Additional Information for Applications to undertake the Bar Readers' Course:**

- a) There is a limit on the number of readers who can be accepted into the Bar Readers' Course in any year, which limit is largely determined by the number of South Australian readers which is able to be accommodated in the Essential Trial Advocacy Course (ETAC) comprising the major advocacy component of the Course. That number of readers is determined by the Advocacy Training Council (ATC) of the Australian Bar Association (ABA), which is responsible for the delivery of ETAC on behalf of SABA, and the Bar Associations of Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory.
- b) Bar Reader Course candidates are required to demonstrate their suitability for acceptance into the Course.
- c) Except as previously determined, acceptance into the Bar Readers' Course will not be determined according to the order in time in which applications are received. Applications are to be made no earlier and no later than the stipulated dates in each year.
- d) Acceptance to undertake the Bar Readers' Course is at the absolute discretion of the SABA Bar Council.
- e) Applicants are not entitled to receive reasons for acceptance or rejection of their Application.
- f) Applicants approved for acceptance into the Course will not assume commencement of Bar Reader membership until 1 July in the year of acceptance. However, once notified of acceptance into the Course, applicants who have commenced practice exclusively as barristers are extended a standing invitation to attend professional development seminars or social events regularly conducted by the Association for its members.
- g) Acceptance to the Bar Readers' Course does not constitute any promise of a position in the Chambers of a proposed Mentor or at the Independent Bar.
- h) Vacancies in Chambers at the Independent Bar arise on an ad hoc basis, not necessarily regularly. Any application to become a member of Chambers should be directed to the head of the relevant Chambers. Acceptance as a member of a particular Chambers is a

⁶ These fees are current as at 1 July 2022.

competitive process and is not guaranteed, no matter the experience, qualities or abilities of the applicant, nor acceptance or otherwise into the Bar Readers' Course.

- i) SABA does not warrant that an applicant that successfully completes the Bar Readers' Course will succeed in practice at the Independent Bar irrespective of the experience, qualities or abilities of the applicant.

16) Additional Information for those seeking a Full or Partial Exemption from undertaking the Bar Readers' Course:

- a) Except in the case of applicants for Interstate membership who have successfully completed an equivalent Readers' Course in their State or Territory of origin, or have long standing and widely recognised advocacy credentials in such place, acceptance of an application for exemption from undertaking the Bar Readers' Course will only be granted in exceptional circumstances. See further the Exemption Policy⁷.
- b) Exemption from the requirement to complete the Bar Readers' Course is, notwithstanding the above, at the absolute discretion of the Membership Committee of SABA, but subject to review by the Bar Council of SABA.
- c) Applicants are not entitled to reasons for acceptance or rejection of applications for exemption.
- d) An exemption will only be granted before 31 May prior to the commencement of the Bar Readers' Course in each year.

17) Additional Information for Interstate members (refer to SABA Constitution, Articles 5C & 5D):

- a) A person who is admitted to practice, and is practising, without restriction exclusively as a barrister and in another State or in a Territory of the Commonwealth of Australia, and is a member of an Association that is a constituent member of the Australian Bar Association – and provides such proof of their current right to practice, the holding of acceptance professional indemnity insurance and of their membership of the constituent Association – is eligible to become an “interstate member” of SABA.

18) Additional Information for International members (refer to SABA Constitution, Articles 5E & 5F):

- a) A person who is admitted to practice in a country outside of the Commonwealth of Australia, and provides such proof as might be required to practice in the other country, and has no present intention to practice in South Australia is eligible to be admitted as an “international member” of SABA.

19) Additional Information for Associate members (refer to SABA Constitution, Articles 5G & 5H):

- a) A person who has retired from legal practice (or from judicial office) and who has previously been an ordinary member of the Association, and who has not been struck off as a practitioner, or been removed from the roll of counsel, is entitled to become an “associate

⁷ Available on the SABA website (Bar Readers' Course page).

member” of the Association and to remain such a member for so long as such person remains retired from legal practice (and, if applicable, from judicial office).

Membership Inquiries & Bar Readers' Course Inquiries:

Please contact SABA, or the Chair of the Membership Committee, if you require further information to complete this Application.

Phone: +61 (0)417 280 109

Email: sabar@sabar.org.au / brc@sabar.org.au



APPLICATION FOR MEMBERSHIP

BAR READER / ORDINARY MEMBER

Category of Membership sought (tick one):

- Bar Reader member
(with transition to Ordinary Membership on completion of the Bar Readers' Course)
- Ordinary Member
(only available to applicants qualifying for full exemption from the Bar Readers' Course)

A. Name & Contact Details

Full Name (including preferred title): _____

Current Residential Address: _____

Postal Address: _____

Mobile Number: _____

Alternate Telephone: _____

Email: _____

B. Admission and Practice Details

Date & Place first admitted as a legal practitioner: _____

Date admitted as a legal practitioner in South Australia (if applicable): ____ / ____ / ____

Other places of admission (if applicable): _____

Are you currently practising exclusively as counsel at the Independent Bar? **Yes/No**

Date or intended date of Commencement of Practice as counsel at the Independent Bar: __ / __ / __

Current or Intended Chambers and/or Address from which you intend to practise:

_____ (Applicant's Signature)

____ / ____ / ____ (Date)

Note: The professional information provided above will be used to create a basic profile page on the SABA website, unless otherwise advised.

C. Current Practice Status

- Retired Judicial Officer
- Senior or King's Counsel (date of appointment: ___ / ___ / ___)
- Barrister < 5 or more years' standing
- Barrister > 5 or less years' standing
- Solicitor < 5 or more years' standing
- Solicitor > 5 or less years' standing
- Other (please give details): _____

D. Initial Declarations

1. Do you hold a current unrestricted South Australian Practising Certificate?
(If yes, please attach a copy) **Yes/No**

If no, please provide information about your intention as to obtaining an unrestricted South Australian Practising Certificate:

2. Do you hold a current unrestricted Interstate or Territory Practising Certificate
(If yes, please attach a copy and specify State/Territory _____) **Yes/No**

3. I have read, understood and undertake to be bound by the South Australian Barristers' Conduct Rules as amended from time to time. **Yes/No**

4. If accepted as a member of the South Australian Bar Association (SABA) I undertake to practice exclusively as Counsel. **Yes/No**

5. I agree to advise SABA in writing within 30 days in the event of my ceasing to practice exclusively as Counsel. **Yes/No**

6. Have you ever been (a) struck off or suspended from the roll of practitioners admitted to practice and/or (b) subject to professional disciplinary action or a penalty in any jurisdiction in Australia? **Yes/No**

If yes, please give details:

7. I agree to advise SABA within 7 days if I am either struck off or suspended from the role of practitioners admitted to practice, or penalised by way of disciplinary action for professional misconduct, in any jurisdiction in Australia. **Yes/No**

8. Is there present limitation on your right to practice the law in this State, Interstate or within the Commonwealth of Australia (other than identified under the Practising Certificate Details above)? **Yes/No**

If yes, please give details:

9. Are you an undischarged bankrupt or subject of a Part IX debt or Part X personal insolvency agreement? **Yes/No**

If yes, please give details:

10. I agree to advise SABA within 7 days if I become an undischarged bankrupt or subject of a Part IX debt or Part X personal insolvency agreement. **Yes/No**

11. Are you presently subject to any professional disciplinary action or proceedings, or aware of any reason to suspect that any professional disciplinary action or proceedings might be taken against you? **Yes/No**

If yes, please give details:

12. I agree to advise SABA immediately upon becoming aware of any professional disciplinary action or proceedings being taken against me. **Yes/No**

13. Are you aware of any reason for imposing any limitation upon your right to practice law in this State, Interstate or within the Commonwealth of Australia? **Yes/No**

If yes, please give details:

14. I undertake that, by becoming and remaining a member of SABA, I agree to become and remain a member of the Australian Bar Association (if not already a member) and that I will be subject to the constitution of the Australian Bar Association (Article 5(c)(iv)). **Yes/No**

15. I acknowledge that if I cease to be a member of SABA I will cease to be a member of the Australian Bar Association (if I am not otherwise a member of the Australian Bar Association) (Article 5(c)(v)). Yes/No
16. I have familiarised myself with the terms and conditions of the **South Australian Bar Association Professional Standards Scheme (SABAPSS)** (see SABA Website) and I acknowledge that upon becoming a member of SABA I will be subscribed to and obliged to comply with the terms and conditions of the SABAPSS, Yes/No
- including but not limited to:
- (a) the requirement to undertake in each membership year not less than 10 units of approved continuing professional development (CPD) sessions/activities, including not less than 5 of such units in approved SABA CPD sessions or other approved activities (see definition on the website); Yes/No
- (b) the requirement to immediately notify SABA in respect of any professional liability claim made against me which has the potential to exceed the limited liability cap under the SABAPSS. Yes/No
17. I acknowledge that upon becoming a member of SABA I will be added to the mailing list of JusticeNet SA until such time as I personally unsubscribe. Yes/No

E. SABA Group Disability Insurance Scheme

*Gender: (*please circle*) Male Female Other _____ (Please specify)

*Date of Birth: ____ / ____ / ____

** This information is required for determining the proportion of premium payable under the SABA Group Disability Insurance Scheme for a member*

Only if applicable (*see Explanatory Notes*):

I am or will be 55 years or older on 1 July next and I wish to opt out of the SABA Group Disability Insurance Scheme Yes/No

F. Scheme Declarations

18. I acknowledge that Ordinary and Bar Reader members who have not resigned from the Association and given notice in writing of such resignation prior to 30 June in any year, and who have not opted out of the SABA Group Disability Insurance Scheme or who are not eligible to opt out of that Scheme, will be liable from the 1 July following in that year to pay to SABA the relevant scheme premium contribution assessed for that member for the membership year commencing on the latter mentioned date. Yes/No

- 19. I acknowledge that my membership of SABA may be cancelled or suspended in the event of my failure to pay within 60 days of being invoiced, any premium contribution due pursuant to the SABA Group Disability Insurance Scheme (unless I have made prior arrangements in writing for payment on terms acceptable to SABA). **Yes/No**

- 20. I acknowledge that SABA may recover from me as a debt any unpaid premium contribution due under the SABA Group Disability Insurance Scheme, together with interest at the rate of 2% for each month or part thereof on the amount outstanding, from the date the payment fell due until the date it is fully paid. **Yes/No**

G. Undertaking the Bar Readers’ Course

- 21. I have read the Explanatory Notes (*commencing on page 1*) **Yes/No**

- 22. I am applying to undertake the Bar Readers’ Course **Yes/No**

- 23. I am applying for an exemption from undertaking the WHOLE of the Bar Readers’ Course **Yes/No**

(A) The GROUNDS upon which I seek exemption are as follows:

(If there is insufficient space, attach as an annexure your additional response)

(B) In support of this application for exemption, I request that regard be had to the following reference(s)/referee(s):

- (1) _____
- (2) _____

_____ (Applicant’s Signature)
 _____ / _____ / _____ (Date)

24. I am applying for an exemption from undertaking SPECIFIC COMPONENTS of the Bar Readers' Course

Yes/No

(A) The SPECIFIC EXEMPTIONS that I seek and the GROUNDS upon which I seek such exemptions are as follows (with reference to be made to the Course Handbook, the Syllabus and/or the List of Prior Year Seminars / Advocacy Exercises conducted):

(If there is insufficient space, attach as an annexure your additional response)

(B) In support of this application for exemption, I request that regard be had to the following reference(s)/referee(s):

- (1) _____
(2) _____

H. Prior legal experience

Complete all where applicable. If there is insufficient space, attach as an annexure.

Judge's Associate _____ years from _____ to _____
Solicitor _____ years from _____ to _____
Barrister _____ years from _____ to _____
Law Lecturer _____ years from _____ to _____
Police Prosecutor _____ years from _____ to _____
Tribunal Member (Type) _____
_____ years from _____ to _____
Other legal work (Specify Nature) _____
_____ years from _____ to _____

_____ (Applicant's Signature)
_____ / _____ / _____ (Date)

I. Areas of Past Practice

Please set out **or attach** as an annexure, a narrative description (not exceeding one page) of your practice to date, including employment history, main areas of practice and the courts or tribunals in which you have appeared.

J. Supporting Submission

Please set out **or attach** as an annexure, a statement (not exceeding one page) of your reason(s) for choosing to practise at the Independent Bar. This statement may make reference not only to your legal skills, knowledge, aptitude, experience and what attracts you to a career at the Independent Bar, but also to any of your personal qualities, background or life experience that may enlarge or contribute to the cultural diversity or gender balance of the Independent Bar in South Australia.

K. Practice at the Bar

a) Intended Areas of Practice:

b) Name of Mentors or Proposed Mentors:

L. Referees

(Desirable but not mandatory) **Please attach** as an annexure, written references from two referees who may be a judicial officer, barrister, solicitor, corporate counsel, arbitrator or mediator who has direct and recent professional experience of your work.

All references should specifically address whether you have displayed the qualities to practice as a barrister, and the referees may be contacted directly by the Bar Readers’ Executive for further information.

M. Course Declarations

25. I have had the opportunity to inspect the Bar Readers' Course Handbook prior to completion of this Application and am aware of the coursework required to complete the Bar Readers' Course. **Yes/No**
26. If accepted into the Course, I agree to pay the Course fee as may be determined by the Council of SABA on the basis that it will be refundable:
- as to 100% if I withdraw from the Course more than 28 days prior to its commencement;
 - as to 90% if I withdraw from the Course less than 28 days prior to its commencement,
- but that no amount will be refundable (except in the absolute discretion of the Bar Council) if I withdraw after the commencement of the Course. **Yes/No**
27. I will make myself available to undertake the work required for the satisfactory completion of the Course (or agreed part thereof where any partial exemption is sought and approved). **Yes/No**
28. I agree to use my best endeavours to complete the Course in the year of commencement and acknowledge that this may include completion of the Essential Trial Advocacy Course interstate, the travel component of which is not within the prescribed Course fee and will be at my own expense. **Yes/No**
29. I acknowledge that if I do not complete the Course within a year of commencement, my ability to complete the Course, including whether to recommence the Course, or the components of the Course to be completed or repeated, will be at the absolute discretion of the Membership Committee of SABA, but subject to review by the Bar Council of SABA. **Yes/No**

N. Further Declarations

30. I have read and understood and agree to be bound by the Constitution of SABA as amended from time to time. **Yes/No**
31. I undertake to abide by the rulings of SABA made in accordance with the SABA Constitution. **Yes/No**
32. I authorise and consent to SABA, by any office bearer of SABA duly authorised by the Membership Committee, to make such enquiries, for the purpose of this application or as may be reasonably indicated from time to time during the currency of my membership, of any professional association of which I am currently a member or was formerly a member, regarding my standing and reputation as a member or former member of such association. **Yes/No**
33. I acknowledge that in the event of my failure to pay my SABA subscription fees within 60 days of being invoiced my membership of SABA may be cancelled or suspended. **Yes/No**

- 34. I acknowledge that in the event of my failure to pay my SABA subscription fees within 30 days of being invoiced SABA may recover the unpaid fees from me as a debt together with interest at the rate of 2% per month or part thereof on the amount outstanding, from the date the subscription fell due until the date it is fully paid (unless I have made prior arrangements in writing for payment on terms acceptable to SABA). **Yes/No**

- 35. I acknowledge that my membership will automatically be renewed on 1 July each year and I shall be liable for payment of my subscription invoice for the membership year commencing on that date - unless I give notice of resignation in writing to the SABA on or before 30 June of the preceding membership year. **Yes/No**

- 36. I have answered all applicable parts of this Application truthfully. **Yes/No**

DATED _____

Signed by _____ (The Applicant)

Witnessed by _____

Name _____

Address _____

_____ (Applicant's Signature)

____ / ____ / ____ (Date)



APPLICATION FOR MEMBERSHIP

INTERSTATE MEMBER

A. Name & Contact Details

Full Name (including preferred title): _____

Current Residential Address: _____

Postal Address: _____

Mobile Number: _____

Alternate Telephone: _____

Email: _____

B. Admission and Practice Details

Home State/Territory (current principal jurisdiction of practice): _____

Date & Place first admitted as a legal practitioner: _____

Date admitted in current principal jurisdiction of practice: ____ / ____ / ____

Date admitted as a legal practitioner in South Australia (if applicable): ____ / ____ / ____

Any other places of admission (if applicable): _____

Are you currently practising exclusively as counsel at the Independent Bar? Yes/No

Date of Commencement of Practice as counsel at the Independent Bar: ____ / ____ / ____

Current Chambers and/or Address from which you practise:

Current Australian State or Territory Bar Association Membership(s) and Membership Category:

Note: The professional information provided above will be used to create a basic profile page on the SABA website, unless otherwise advised.

C. Current Practice Status

- [] Senior or King's Counsel (date of appointment: ___ / ___ / ___ and jurisdiction _____)
- [] Barrister < 5 or more years' standing
- [] Barrister > 5 or less years' standing
- [] Other (please give details): _____

D. Initial Declarations

1. Do you hold a current unrestricted State or Territory Practising Certificate (If yes, please attach a copy and specify State/Territory _____) **Yes/No**
2. I have read, understood and undertake to be bound by the South Australian Barristers' Conduct Rules as amended from time to time. **Yes/No**
3. If accepted as an Interstate member of the South Australian Bar Association (SABA) I undertake to practice exclusively as Counsel. **Yes/No**
4. I agree to advise SABA in writing within 30 days in the event of my ceasing to practice exclusively as Counsel? **Yes/No**
5. Have you ever been (a) struck off or suspended from the roll of practitioners admitted to practice and/or (b) subject to professional disciplinary action or a penalty in any jurisdiction in Australia? **Yes/No**

If yes, please give details:

6. I agree to advise SABA within 7 days if I am either struck off or suspended from the role of practitioners admitted to practice, or penalised by way of disciplinary action for professional misconduct in any jurisdiction in Australia. **Yes/No**
7. Is there present limitation on your right to practice the law in this State, Interstate or within the Commonwealth of Australia (other than identified under the Practising Certificate Details above)? **Yes/No**

If yes, please give details:

8. Are you an undischarged bankrupt or subject of a Part IX debt or Part X personal insolvency agreement? Yes/No
- If yes, please give details:

9. I agree to advise SABA within 7 days if I become an undischarged bankrupt or subject of a Part IX debt or Part X personal insolvency agreement. Yes/No

10. Are you presently subject to any professional disciplinary action or proceedings, or aware of any reason to suspect that any professional disciplinary action or proceedings might be taken against you? Yes/No

If yes, please give details:

11. I agree to advise SABA immediately upon becoming aware of any professional disciplinary action or proceedings being taken against me? Yes/No

12. Are you aware of any reason for imposing any limitation upon your right to practice law in this State, Interstate or within the Commonwealth of Australia? Yes/No

If yes, please give details:

E. Undertaking the Bar Readers' Course

16. I have read the Explanatory Notes (*commencing on page 1*) Yes/No

17. I am applying to undertake the Bar Readers' Course Yes/No

If yes, please complete a Bar Reader Member Application.

18. I am applying for an exemption from undertaking the WHOLE of the Bar Readers' Course Yes/No

(A) The GROUNDS upon which I seek exemption are as follows:

Note: The expectation is that seniority or completion of an interstate equivalent Bar Readers' Course will exempt an Interstate member from the requirement to undertake the SABA Course.

(If there is insufficient space, attach as an annexure your additional response)

(B) In support of this application for exemption, I request that regard be had to the following reference(s)/referee(s):

(1) _____

(2) _____

F. Further Declarations

19. I have read and understood and agree to be bound by the Constitution of SABA as amended from time to time. **Yes/No**
20. I undertake to abide by the rulings of SABA made in accordance with the SABA Constitution. **Yes/No**
21. I authorise and consent to SABA, by any office bearer of SABA duly authorised by the Membership Committee, to make such enquiries, for the purpose of this application or as may be reasonably indicated from time to time during the currency of my membership, of any professional association of which I am currently a member or was formerly a member, regarding my standing and reputation as a member or former member of such association. **Yes/No**
22. I acknowledge that in the event of my failure to pay my SABA subscription fees within 60 days of being invoiced my membership of SABA may be cancelled or suspended. **Yes/No**
23. I acknowledge that in the event of my failure to pay my SABA subscription fees within 30 days of being invoiced SABA may recover the unpaid fees from me as a debt together with interest at the rate of 2% per month or part thereof on the amount outstanding, from the date the subscription fell due until the date it is fully paid (unless I have made prior arrangements in writing for payment on terms acceptable to SABA). **Yes/No**
24. I acknowledge that my membership will automatically be renewed on 1 July each year and I shall be liable for payment of my subscription invoice for the membership year commencing on that date - unless I give notice of resignation in writing to the SABA on or before 30 June of the preceding membership year. **Yes/No**

25. I have answered all applicable parts of this Application truthfully.

Yes/No

DATED _____

Signed by _____ (The Applicant)

Witnessed by _____

Name _____

Address _____



APPLICATION FOR MEMBERSHIP

INTERNATIONAL MEMBER

A. Name & Contact Details

Full Name (including preferred title): _____

Current Residential Address: _____

Postal Address: _____

Mobile Number: _____

Alternate Telephone: _____

Email: _____

B. Admission and Practice Details

Country of Practice: _____

Date & Place first admitted as a legal practitioner: _____

Date admitted in current jurisdiction of practise: _____

Other Places of Admission (if applicable): _____

Are you currently practising exclusively as counsel at an Independent Bar? **Yes/No**

Date of Commencement of Practice as counsel at the Independent Bar: ___ / ___ / ___

Are you retired from practice having previously practised as counsel at the Independent Bar? **Yes/No**

Current (or former) Chambers and/or Address from which you are practising (or practised):

C. Current Practice Status

- Senior or King's Counsel (date of appointment: ___ / ___ / ___ and jurisdiction _____)
- Barrister < 5 or more years' standing
- Barrister > 5 or less years' standing
- Other (please give details): _____

D. Declarations

1. Do you hold a relevant certification to practise law in any country outside Australia? **Yes/No**

If yes, please attach copy of such certification or any other relevant documentation and give relevant details including any details demonstrating that you are practising exclusively as independent counsel (or international equivalent):

(If there is insufficient space, attach as an annexure your additional response)

2. Do you hold a current Practising Certificate for any jurisdiction within Australia? **Yes/No**

If yes, please attach a copy and provide details:

3. I undertake not to practise law in any jurisdiction in Australia so long as I remain an International member of the South Australian Bar Association (SABA) except as is lawfully permitted by the Commonwealth of Australia, a relevant State or Territory and upon notice to SABA of the permission? **Yes/No**

4. I undertake to practise exclusively as counsel in my local jurisdiction so long as I remain a member of SABA. **Yes/No**

5. I agree to advise SABA in writing within 30 days in the event of my ceasing to practise exclusively as Counsel. **Yes/No**

6. Have you ever been struck off or suspended from the practice of law in any jurisdiction in Australia or in any jurisdiction in which you have practised Law outside Australia? **Yes/No**

If yes, please give details: _____

7. I agree to advise SABA within 7 days if I am either struck off or suspended from the practice of law in any jurisdiction in any jurisdiction in which I have practised within Australia or outside Australia. **Yes/No**
8. Is there any present limitation on your right to practise law in this State, Interstate or within the Commonwealth of Australia (other than identified under the Practising Certificate Details above)? **Yes/No**
 If yes, please give details: _____

9. Are you presently subject to any professional disciplinary action or proceedings, or aware of any reason to suspect that any professional disciplinary action or proceedings might be taken against you? **Yes/No**
 If yes, please give details: _____

10. I agree to advise SABA immediately upon becoming aware of any professional disciplinary action or proceedings being taken against me. **Yes/No**
11. I have read and understood and agree to be bound by the Constitution of SABA as amended from time to time. **Yes/No**
12. I undertake to abide by the rulings of SABA made in accordance with the SABA Constitution. **Yes/No**
13. I authorise and consent to SABA, by any office bearer of SABA duly authorised by the Membership Committee, to make such enquiries, for the purpose of this application or as may be reasonably indicated from time to time during the currency of my membership, of any professional association of which I am currently a member or was formerly a member, regarding my standing and reputation as a member or former member of such association. **Yes/No**
14. I acknowledge that in the event of my failure to pay my SABA subscription fees within 60 days of being invoiced my membership of SABA may be cancelled or suspended. **Yes/No**
15. I acknowledge that in the event of my failure to pay my SABA subscription fees within 30 days of being invoiced SABA may recover the unpaid fees from me as a debt together with interest at the rate of 2% per month or part thereof on the amount outstanding, from the date the subscription fell due until the date it is fully paid (unless I have made prior arrangements in writing for payment on terms acceptable to SABA). **Yes/No**
16. I acknowledge that my membership will automatically be renewed on 1 July each year and I shall be liable for payment of my subscription invoice for the membership year commencing on that date - unless I give notice of resignation in writing to the SABA on or before 30 June of the preceding membership year. **Yes/No**

_____ (Applicant's Signature)

____ / ____ / ____ (Date)

17. I have answered all applicable parts of this Application truthfully.

Yes/No

DATED _____

Signed by _____ (The Applicant)

Witnessed by _____

Name _____

Address _____



APPLICATION FOR MEMBERSHIP

ASSOCIATE MEMBER

Retired Judicial Officer / Retired Barrister and Former Ordinary member (*delete as applicable*)

(date of retirement: ___ / ___ / ___ and last date an ordinary member: ___ / ___ / ___)

A. Name & Contact Details

Full Name (including preferred title): _____

Current Residential Address: _____

Postal Address: _____

Mobile Number: _____

Alternate Telephone: _____

Email: _____

B. Practice History

- Retired Barrister > 5 or less years' standing
- Retired Barrister < 5 or more years' standing
- Retired Senior or King's Counsel (date of appointment: ___ / ___ / ___)
- Retired Judicial Officer (date of appointment: ___ / ___ / ___)
- Other (please give details): _____

C. Admission and Practice Details

Date & Place first admitted as a legal practitioner: _____

Date admitted as a legal practitioner in South Australia (if applicable): _____

Any other places of admission (if applicable): _____

D. Declarations

- 1. I have read and understood and agree to be bound by the Constitution of SABA as amended from time to time. **Yes/No**

- 2. I undertake to abide by the rulings of SABA made in accordance with the SABA Constitution. **Yes/No**

- 3. I authorise and consent to SABA, by any office bearer of SABA duly authorised by the Membership Committee, to make such enquiries, for the purpose of this application or as may be reasonably indicated from time to time during the currency of my membership, of any professional association of which I am currently a member or was formerly a member, regarding my standing and reputation as a member or former member of such association. **Yes/No**

- 4. I acknowledge that in the event of my failure to pay my SABA subscription fees within 60 days of being invoiced my membership of SABA may be cancelled or suspended. **Yes/No**

- 5. I acknowledge that in the event of my failure to pay my SABA subscription fees within 30 days of being invoiced SABA may recover the unpaid fees from me as a debt together with interest at the rate of 2% per month or part thereof on the amount outstanding, from the date the subscription fell due until the date it is fully paid (unless I have made prior arrangements in writing for payment on terms acceptable to SABA). **Yes/No**

- 6. I acknowledge that my membership will automatically be renewed on 1 July each year and I shall be liable for payment of my subscription invoice for the membership year commencing on that date - unless I give notice of resignation in writing to the SABA on or before 30 June of the preceding membership year. **Yes/No**

- 7. I have answered all applicable parts of this Application truthfully. **Yes/No**

DATED _____

Signed by _____ (The Applicant)

Witnessed by _____

Name _____

Address _____

_____ (Applicant's Signature)

____ / ____ / ____ (Date)