



THE AUSTRALIAN ASSOCIATION OF THE
FEDERATION OF INTELLECTUAL PROPERTY ATTORNEYS
FICPI AUSTRALIA

PROPOSAL FOR ASSOCIATE MEMBERSHIP – PART A

(do not pay fees until membership approved)

Name: _____

Firm Name or Business Name: _____

Street Address: _____

Postal Address
(if different): _____

Telephone No.: _____ Facsimile No.: _____

E-mail Address: _____

Date of Registration as a Patent Attorney or Trade Marks Attorney in Australia: _____

I state that:

1. My primary endeavour is as a patent attorney or trade marks attorney (circle which).
2. I do not practise only on behalf of one client, or an affiliated group of clients, to the exclusion of other clients.
3. I understand that before being approved for membership of FICPI Australia I shall be required to undertake to abide by the Articles of Association and By-Laws of the Association.

Signed: _____ Dated: _____

Proposer: Name: _____
(must be a member of FICPI Australia of at least 5 years standing)

Signature: _____

Seconder: Name: _____
(must be a member of FICPI Australia of at least 5 years standing and from a firm other than the firm of the Proposer)

Signature: _____

Return to: Secretary, FICPI Australia, C/- Golja Haines & Friend, PO Box 1014 South Perth WA 6951 Australia

COUNCIL USE ONLY

Application Received:

Proposal Forwarded:

Secretary General Notified:

International Membership List Notified:

Australian Membership List Amended: