



**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/trade marks attorney (circle those that apply).
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 3 years standing)*

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

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

Or email to rohan.wallace@ghfip.com.au

**COUNCIL USE ONLY**

Application Received: .....

Proposal Forwarded: .....

*(with Articles of Association and By-Laws)*

Secretary General Notified: .....

Australian Membership List Amended: .....