DEFENCE LAWYERS ASSOCIATION NEW ZEALAND

MEMBERSHIP FORM

This is an application form to become a member of the Defence Lawyers Association New Zealand for 1 April 2020- 31 March 2021 year.

**PRIVACY**

We collect your personal information in order to verify that you are eligible to become a member of DLANZ and to keep records of our membership base. We are obliged to comply with the Privacy Act 1993.

**MEMBERSHIP CRITERIA**

Membership is available to any person currently working in New Zealand in the conduct of criminal defence work (eg PDS lawyer, private bar defence lawyer, law clerk, duty solicitors, have a mixed practise but conduct defence work). By applying to be a member you are certifying that you are not a prosecutor. Prosecutors are not eligible to become DLANZ members nor to participate in DLANZ CLE events, nor to purchase its educational products.

If you wish to become a member but are part of a Crown panel then you may complete the application form, but specify that you are part of a Crown panel and your membership application will be considered.

For the 2020-2021 inaugural year membership is $50.

I wish to become a member and I am not a prosecutor.

I have a current practising certificate issued by the New Zealand Law Society

**Full Legal Name: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date of Birth (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year of Admission: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am/ am not a member of a Crown panel.**

**Employed by the Public Defence Service Yes / No**

**Gender (optional, give as much detail as you are comfortable sharing):**

Woman

Man

Non-binary

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**Ethnicity (please select all that apply)**

Pākehā/ NZ European

Māori Iwi/Hapū­ ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Samoan

Cook Island Māori

Tongan

Niuean

Chinese

Indian

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**Location (primary location of your criminal practice – please select one)**

Northland

Auckland

Hamilton

Hawkes Bay

Tauranga

New Plymouth

Gisborne

Rotorua

Whanganui/Palmerston North

Wellington

Nelson/ Blenheim / West Coast

Christchurch / Canterbury

Dunedin / Otago

Other South Island location:

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Other North Island location:

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**Preferred Contact Number:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: ­­­­­­­­­­­**

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**Full Postal Address:**

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