

Royal Association of Justices of Western Australia (Inc)

MEMBER OF THE AUSTRALASIAN COUNCIL OF JUSTICES ASSOCIATION

Central Law Courts, Level 2a 501 Hay Street, Perth WA

MEMBERSHIP APPLICATION

Title: Dr/Ms/Mr/Other (please specify)		
l,	(A	pplicant's full name)
of		(Address)
apply to become a Member of RAJWA and agree to con	nply with RAJW	A's Rules.
Date of appointment as a JP of WA: / / 20	JP number:	
Do you speak any languages other than English?		
(This can help us when responding to public enquiries.)		
Please complete this form, scan and send to rajwa@rajwa.c	org.au or to the a	bove address.
Annual subscription	\$60	\$
Membership lapel badge	\$10	\$
Photo identification card	\$10	\$
Total remittance once application accepted:	-	\$
Signature: Email:	Date:	
Process: once this form is received, we acknowledge y application for Council approval at the next monthly m issue an invoice which has payment instructions include this application.	eeting. If accep	oted, we will then
We look forward to you joining our association.		
Kind regards,		
Registrar & Council		