

## Membership Registration

I wish to apply for membership to Kingston Community Legal Clinic ("the clinic"). I understand that my membership must be accepted by the Board of Directors of the clinic. If I am eligible, I understand that my name will be placed on the membership role of the clinic and my membership will be valid for a maximum of two years. My membership will expire on the second December 31<sup>st</sup> following the date of approval of the Board of Directors.

Membership to the clinic will allow me to vote in person at the election of the Board of Directors of the clinic, subject to election and registration criteria set forth in the by-laws of the Legal Clinic.

I understand that the \$2 membership fee is payable with this application, but may be waived if this would restrict my membership with the clinic. If I wish the membership fee to be waived, I must submit my reasons in writing or verbally to the Office Manager.

I acknowledge that I will be added to the Legal Clinic's membership mailing and email lists.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

Mr.       Mrs.       Miss       Ms.  Renewal

**Name:** \_\_\_\_\_  
*First Name* *Last Name*

**Address:** \_\_\_\_\_  
*Street* *City/Town* *Postal Code*

**Telephone Number:**  
 Home    Work    Cell \_\_\_\_\_

**Email:** \_\_\_\_\_

**Do you request a waiver of the membership fee?**  
 Yes       No      **If Yes:**  
 Reasons are provided on reverse, or  
 Please contact me to discuss

**Please Note: If no waiver is requested, applications will be deemed incomplete until membership fees are paid in full.**

*\* If you require this form in an alternate format, please contact Rachel Evans, Office Manager at ext. 22 or by email at [evansr@lao.on.ca](mailto:evansr@lao.on.ca).*

