

Membership Registration

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

Membership to the Legal 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 Legal 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.

Date: _____ (YYYY-MM-DD) **Renewal:** _____

Salutation: _____

First Name: _____ **Last Name:** _____

Address: _____

City/Town: _____ **Postal Code:** _____

Phone: _____ **Phone Type:** _____

Email: _____

Do you require a waiver of the membership fee?

If Yes, reason for request:

Please Note: If no waiver is requested, applications will be considered incomplete until membership fees are paid in full. Payments can be made in person by cash or cheque (payable to Kingston Community Legal Clinic) during regular office hours.

If you require this form in an alternate format, please contact **Rachel Evans, Office Manager at **613-541-0777 ext. 28** or by email at **evansr@lao.on.ca**.*

For Office Use Only	
Membership Fee:	<input type="checkbox"/> Paid <input type="checkbox"/> Waived
Date of Board Approval:	
Date of Expiration:	