



45 Bagot Street
 Kingston, ON K7K 6T8
 Tel: 613-541-0777
 Fax: 613-547-4978
www.kclc.ca

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 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 Legal 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.

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 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:	

