



CLA Active Membership Application

Criminal Lawyers' Association
189 Queen Street East Suite 1
Toronto ON M5A 1S2
Phone: 416-214-9875 Fax: 416-968-6818
Email: anthony@criminallawyers.ca
Website: http://www.criminallawyers.ca

This application may be used by any criminal defence law practitioner practising in Ontario.
The application may be submitted any time between January 1 to September 15, 2019 and will provide the applicant with a membership up to March 31, 2020. Memberships are non-refundable or transferable.

The New Member Fee is dependent on when an individual was called to the Bar. Please select the appropriate rate: Called to the bar after January 1, 2017: \$169.50 (\$150 + \$19.50 HST) Called to the bar on or before December 31, 2016: \$339.00 (\$300 + \$39.00 HST)

Please print: Mr: Ms/Mrs: Neither:

Last Name: _____ First Name: _____ Middle Initial: _____

Organization: _____

Street Address: _____

City: _____ Province/State: _____ Postal Code/Zip: _____

Phone:(____) _____ Fax:(____) _____

Email Address: _____

Website: _____

Local Law Society Membership Number: _____ Year Bar Taken: _____

Open to all CLA members:

CLA's MAIN Listserv: Do you wish to have the above email address invited to the CLA's main Listserv? Yes: No:

Open to CLA members that were called to the bar in or after 2014, articling students and law students:

CLA's RECENT CALL Listserv: Do you wish to have the above email address invited to the CLA's Recent Call Listserv? Yes: No:

Open to CLA Active and Observer members

CLA's Website Directory: This directory lists your name, company, address, phone, fax and email information as listed above.

Do you wish to be listed? Yes: No:

Mailing List: Occasionally, organizations contact the CLA about purchasing its membership mailing list. Such requests are first presented to the CLA Executive for approval to ensure the information being mailed is of use and benefit to the membership.

Do you wish to benefit by being part of this service? Yes: No:

Proposed and signed by two CLA Active members:

1. Full Name Printed: _____

Signature: _____

2. Full Name Printed: _____

Signature: _____

Payment details: (if paying by credit card, please call the office with your CSV number after submitting your application)

VISA MasterCard American Express Cheque (payable to the Criminal Lawyers' Association)

Card number: _____ Expiry date: _____

Signature of cardholder: _____

I hereby apply for membership in the Criminal Lawyers' Association and certify that I am a criminal defence law practitioner practising in Ontario.

Applicant's Signature Required: