



CLA Student Membership Application

SUBMIT APPLICATIONS TO:

Criminal Lawyers' Association
189 Queen Street East Suite 1
Toronto ON M5A 1S2
Phone: 416-214-9875
Fax: 416-968-6818

Email: support@criminallawyers.ca

This application may be used by any student/articling student either currently enrolled in an accredited law school or articling at a criminal law firm.
The application may be submitted any time between January 2, 2020 to December 9, 2020 and will provide the applicant with a membership up to March 31, 2021. Memberships are non-refundable or transferable.

New Member Fee: \$28.25 (CDN) (\$25 + \$3.25 HST)

Please print: Mr: Ms/Mrs: Neither:

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

Organization: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

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

Email Address: _____

Open to CLA members that were called to the bar in or after 2015, 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 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:

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:

Please indicate the following. You are: Currently enrolled in school: Articling Student:

In which calendar year do you anticipate being called to the Bar?: _____

If an enrolled student, in which accredited law school are you enrolled?: _____

Professor Name Printed: _____

Professor Signature: _____

OR

If an articling student, what is the name of a criminal lawyer in the firm?: _____

Lawyer's Signature: _____ Lawyer's LSUC Number: _____

Lawyer's Name Printed: _____

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 have substantial interest in the practice of criminal law and am presently enrolled in an accredited law school/serving my articling term. I understand that student members are required to notify the CLA office once they have passed the bar. In order to maintain a membership with the CLA after passing the bar, I must then be a practicing criminal defence lawyer. Those that end up not becoming practicing criminal defence lawyers will have their membership lapsed with no refund.

Applicant signature: _____