

## 2014 CLA Student Membership Application

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.

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

The application may be submitted any time between January 1 and September 15, 2014 and will provide the applicant with a membership up to March 31, 2015. Memberships are non-refundable or transferable.

## New Member Fee: \$84.75 (CDN) (\$75 + \$9.75 HST)

Last Name:	First Nan	ne:	Middle Initial:	
Organization:				
Street Address:				
			Postal Code:	
Phone:()		Fax:()		
E-mail Address:				
CLA's Listserv: Do	you wish to have the above e-m	nail address added to the CL/	A's Listserv? Yes: 🗌 No: 🗌	
Please indicate ti	he following. You are:	Currently enrolled in sch	nool: Articling Student:	
In which year are yo	ou planning to take the Bar?:			
If an enrolled student,	in which accredited law school a	are you enrolled?:		
Professor Name Print	ed:			
OR				
If an articling student,	what is the name of a criminal la	awyer in the firm?:		
Lawyer's Signature: _	wyer's Signature: Lawyer's LSUC Number:			
Lawyer's Name Printe	d:			
Payment details:				
□ VISA	☐ MasterCard	Cheque (payable to the C	Criminal Lawyers' Association)	
Card number:		— · · ·	Expiry date:	
	er:			
Please return this completed form to the Criminal Lawyers' Association along with payment (contact information at the top right of the application.) Checklist of Mandatory Information: Signed by appropriate witness Year planning to take bar provided Application signed by applicant (right hand-side) Payment included with application		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. <b>Applicant's Signature Required:</b>		