

Community Legal Clinic of York Region



**Community
Legal Clinic**
of York Region

Membership Form

The Community Legal Clinic of York Region is committed to participating fully in the life of York Region and to ensuring extensive feedback from residents about issues affecting the Clinic's client community of vulnerable and disadvantaged residents.

I am applying to be a member of the Community Legal Clinic of York Region. I affirm that I am at least 18 years of age and that I am a resident of York Region. I understand that my membership will be automatically renewed annually until I ask the Clinic to stop.

I understand that Membership gives me the right to be notified about the date and details of its Annual General Meeting, and to vote on matters properly before the membership on that date, including the election of the Board.

Do you wish to be notified of upcoming Clinic events and about issues important to our client community: Yes No (circle)

Name _____

Address _____

City _____ Postal Code _____

Phone _____

Email _____

Are you applying as a representative of an organization? If so, please list

Please indicate your connection to the Clinic, if any, and why you are interested in becoming a Member

Signed _____

Date _____

Approved by the Board (date) _____

Note: Incomplete applications will not be considered.

21 Dunlop St. Suite 200, Richmond Hill, Ontario, L4C 2M6 905-508-5018 905-508-7539 (fax)
mailbox@clcyr.on.ca www.clcyr.on.ca