

DURHAM COMMUNITY LEGAL CLINIC

Mission Statement

The Durham Community Legal Clinic provides access to justice through quality legal services, advocacy and information for people living on a low income or in poverty.

MEMBERSHIP FORM

I would like to become a member of the Durham Community Legal Clinic. I am interested in the services provided by the Clinic, I reside in the Durham Region, I agree with the Mission Statement and goals of the Clinic, and I am at least 18 years of age.

Name: _____

Address: _____

City: _____ Postal Code: _____

Organization (if applicable): _____

Telephone Number(s): _____

I understand that my membership **must** be accepted by the Board of Directors, is effective 30 days after approval by the Board of Directors, is valid for two years and renewable at the Annual General Meeting following the fiscal year end of March 31st. (*Renewal of membership is not required for clients and former clients.*)

Date: _____

Signature: _____

MEMBERSHIP FEE

- Individual - \$ 1.00
- Associate (*Non-Profit Agencies*) - \$ 5.00
- Corporate - \$25.00
- Patron - \$50.00

Please waive the membership fee

Being a member entitles you to:

- Attend the Annual General Meeting/Vote at the Annual General Meeting.
- Receive a copy of the Clinic's newsletter.
- Stand for election to the Board of Directors.
- Attend forums and workshops sponsored by the Clinic.

Email Address: _____

Please provide your email address in order to receive newsletters and notices.