



MEMBER'S RECORD INPUT FORM

Complete (please print) and return this via fax to **416-947-9070**

Name in full, surname first _____

Name to appear for mailing _____

Name of firm or name of employer (to be shown by all members except those neither employed nor practising)

Business Telephone (including area code) (_____) _____

My status at the firm, company, etc., shown above is (circle one):

- | | | | |
|---|-----------------------|---|---------------------------------|
| A | Sole practitioner | E | Employee in education |
| B | Partner in law firm | F | Employee in government |
| C | Employee in law firm | G | Otherwise employed |
| D | Associate in law firm | H | Neither employed nor practising |

Business address (i.e. of firm or employer shown above)

STREET _____

STE./APT. _____

CITY _____ PROV. _____ POSTAL CODE _____

Home address (complete only if neither employed nor practising or all mail preferred at home)

STREET _____

STE./APT. _____

CITY _____ PROV. _____ POSTAL CODE _____

Date of Call to Bar _____

(Day, Month, Year)

Please list all degrees conferred AND, where applicable, NCA Certificate of Qualification (please include name of institution and year granted)

Languages other than English in which conversation with clients could be conducted

Date of Birth _____ Sex (M/F) _____

(Day, Month, Year)

Position title (if left blank, title used will be "Barrister and Solicitor")

Citizenship

You would like to receive mailings from the Law Society in **English** or **French** (please circle)