

Jane Finch Community Legal Services

Suite 409, 1315 Finch Ave. W., Toronto, Ontario M3J 2G6 Phone (416) 398-0677 Fax (416) 398-7172
www.janefinchcommunitylegalservices.ca

MEMBERSHIP FORM

I _____, of _____
(Please Print Name) (Full Address)

City of _____, _____
(Postal Code)

Herein affirm that I agree with the objectives of Jane Finch Community Legal Services, and that I would like to become a member.

(Date) (Signature) (Phone) Home

(Phone) Bus.

I would be interested in:

_____ Standing for Election to the board

_____ Sitting on a Committee

_____ Helping in other ways, such as _____

Are you involved in any volunteer activities that could be of assistance to the clinic?

PLEASE RETURN THE MEMBERSHIP FORM A.S.A.P.