# Don Valley Community Legal Services Membership Form

I am applying to be a member of Don Valley Community Legal Services ("The Clinic"). Check the box below as it applies to you.

☐ **Voting Member**: I am at least 18 years of age and I live or work in the clinic's catchment/service area, which is bounded by Don River/Yonge St. to the west, Victoria Park Ave to the East, Lake Ontario to the south, and York Mills/401 to the north; or

☐ **Associate Member** (non-voting): I am at least 18 years of age and actively participate in the activities of the clinic but do not live or work in the clinic's service area, or I belong to an associate agency where voting would create a conflict.

☐ I wish to be contacted to be a Volunteer, Board Member or Committee Member.

*I support the following statements:*

1. *Don Valley Community Legal Services Inc. is a community legal resource centre;*
2. *The Clinic serves persons of modest income in our catchment area on an individual case by case basis;*
3. *The Clinic also serves the community by providing outreach, legal education and community development to agencies, individuals and other groups in our community;*
4. *The Clinic attempts to balance the casework of individuals with its role as an agent of law reform in respect of test case or greater impact litigation, and novel areas of law;*
5. *The Clinic is responsive to the diverse cultures of our catchment area;*
6. *The Clinic networks with other agencies in the community in order to link clients with other community services; and is a known and trusted resource within the Community;*
7. *The Clinic endeavours to engage the community in identification and assessment of its legal needs.*

**Membership Fee: Free, to be renewed every 3 years**

By signing this membership form and providing my contact information to DVCLS, I agree to receive newsletters, emails and phone calls as it relates to activities of The Clinic.

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Signature: _____ Date Signed: _____

Do you have access to a computer or phone to access Zoom meetings? Yes ☐ No ☐

**Please send your completed form back to us by mail, email or fax**

Don Valley Community Legal Services
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