



Medico-Legal Society of Toronto

Membership Application Form

Membership year: November 1 - October 31

I wish to **apply** for membership in the Medico-Legal Society of Toronto.
Society Member reference _____

I wish to **renew** my membership with the Medico-Legal Society of Toronto.

Name _____

Profession _____

Firm/Hospital/Organization _____

Practice Address _____

Town Province Postal Code _____

Email _____

Telephone _____ Fax _____

Specialty Practice _____

Please include LSUC, RCPSC or CFPC specialty description

Preferred Area of Specialization _____

Professional School & Year of Graduation _____

Applicant's Signature _____

I am applying for the following Membership category (Fees include HST)

Full Member: \$260.00 **Young Practitioner:** \$100.00 (In practice under 5 years)

Student: \$45.00 (At a recognized law school, bar admission course, medical school; articling student, intern, or resident)

Senior: \$45.00 (Over 65 years of age and fully retired)

Payment by Credit Card: **VISA** **MasterCard**

Billing address Use address above Use address below

Name on Card _____ **Signature** _____

Card Number _____ **Exp.** _____ **CVV** _____

Payment by Cheque: Please make your cheque payable to "Medico-Legal Society of Toronto"

Please return this form, and payment, via

Email: mlst@mlst.ca **Fax:** 416.495.8723

Post: MLST, 301-250 Consumers Road, Toronto, ON M2J 4V6

HST BN 889640165