



The Medico Legal Society of Toronto



**2009 – 2010 MEMBERSHIP FORM**

*Membership year: November 1, 2009 to October 31, 2010  
fax to 416-640-7202 or mail to The MLST 830-40 University Ave., Toronto, ON, M5J 1T1  
Information from the MLST will be sent to you via email. This form is available at mlst.ca*

Name: \_\_\_\_\_  
(please print)

Firm/Hospital/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (Province/State) (Postal Code)

Email: \_\_\_\_\_ (please print clearly)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Specialty Practice in: \_\_\_\_\_  
(Please include LSUC, RCPSC or CFPC specialty description)

Preferred Area of Specialization: \_\_\_\_\_

Professional School & Year of Graduation: \_\_\_\_\_

\_\_\_\_\_

**Declaration: I declare that I that I have a genuine interest medical, legal and scientific matters and in the purposes of this association. I am a member in good standing of the regulating body of my profession. (please specify below)**

\_\_\_\_\_  
Date Applicant's Signature Regulating Body

My cheque is enclosed for \_\_\_\_\_ or please charge my:  Master Card  Visa

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Signature: \_\_\_\_\_ Total Paid: \_\_\_\_\_

**Membership Fees (gst included BN 88964065)**

Membership Category	Fee
Full Member	\$210.00
Senior (over 65 years of age and fully retired)	\$40.00
Student at recognized law school, bar admission course, medical school; articling student, intern, or resident	\$40.00